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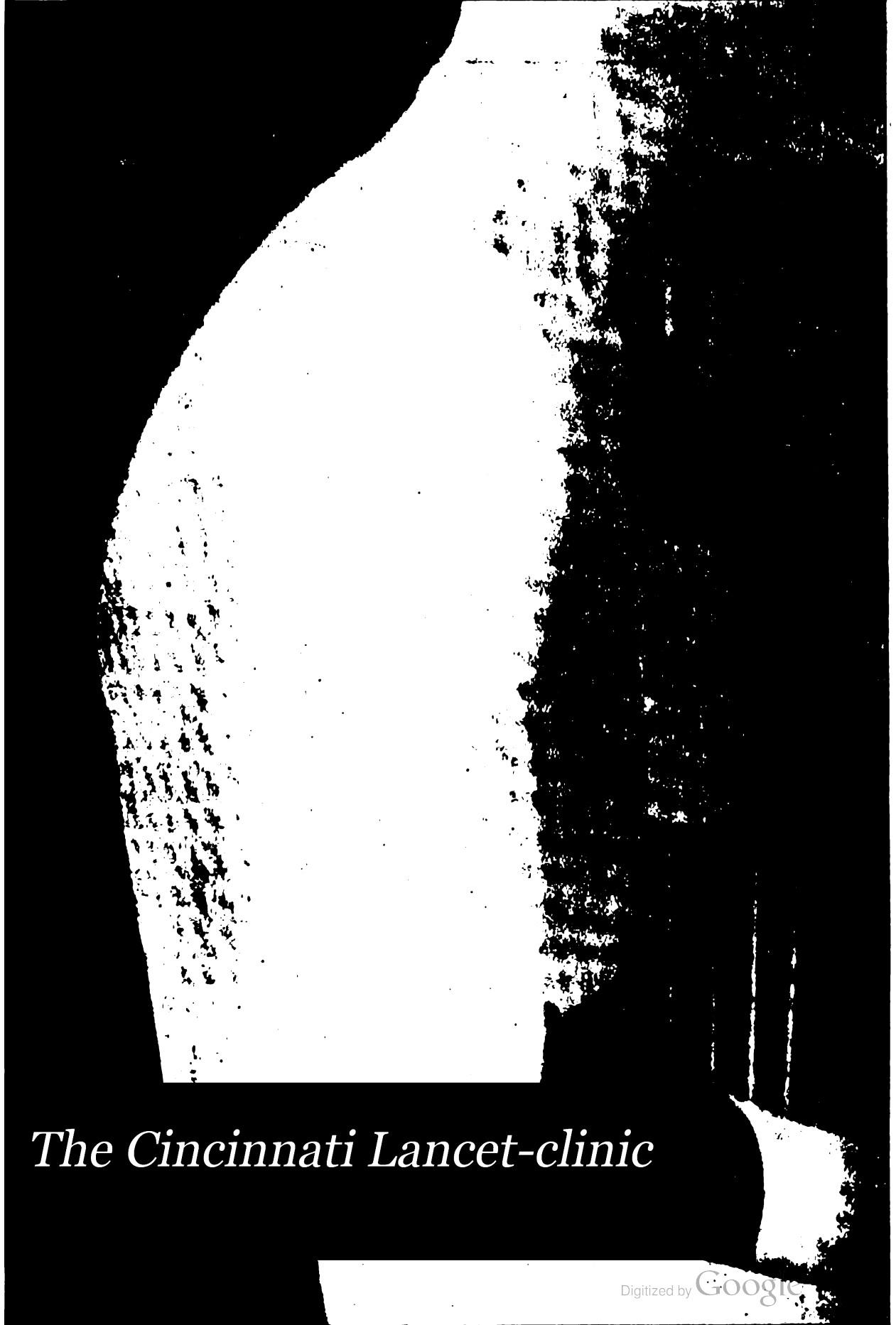
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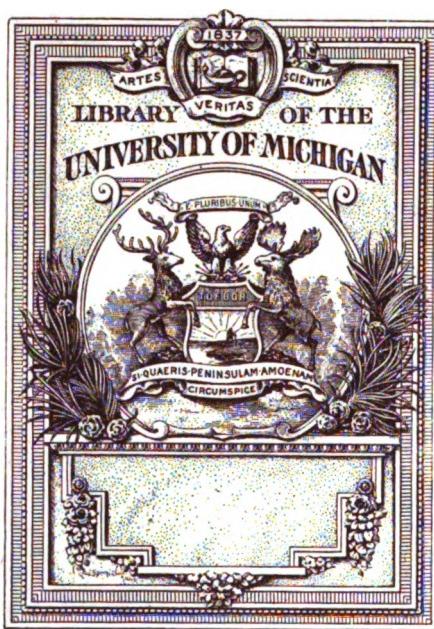
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THE CINCINNATI

LANCET-CLINIC:

A WEEKLY JOURNAL OF

MEDICINE AND SURGERY.

EDITED BY
J. C. CULBERTSON, M.D.

NEW SERIES, VOL. XLVI. WHOLE VOLUME, LXXXV.

CINCINNATI:
PUBLISHED BY J. C. CULBERTSON, M.D., 317 W. SEVENTH ST.
January-June, 1901.

CINCINNATI LANCET PRESS,
317 W. Seventh Street.

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The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

JANUARY 5, 1901.

WHOLE VOLUME LXXXV.

MANAGEMENT OF PREGNANCY AND LABOR COMPLICATED BY CARDIAC DISEASE.*

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CINCINNATI.

The literature of this important subject is in a most chaotic state. While we can, by careful research, find many contributions to the subject, most of them make no pretensions to thoroughness, and nothing like uniformity of opinion can be said to exist.

Some regard heart disease as one of the most serious complications of pregnancy, while others say that trouble seldom arises from this cause. It seems to me that those whose opinions have been formed in private practice are the ones who speak lightly of the subject, and that just in proportion as the writer has enjoyed a consultation business does he become gloomy in his prognosis.

The chief trouble, it seems to me, has arisen from lack of proper classification, and while recognizing the difficulties of making a classification of cases where no two are alike, the object of this paper will be to group them in three general classes and thus simplify their consideration.

In a general way it may be said that the oft-quoted rule—that a woman with heart disease should not marry; if she does she should not have children; if she does have children she should not nurse them—is like all axioms, too broad in its application.

That endocarditis does not always disable its victims is a fact known to all. We have all frequently seen cases where undoubted evidence of mitral insufficiency existed, but had in no way affected the health or usefulness of the individual, who could follow the most arduous pursuits without inconvenience.

These cases are met with even where no hypertrophy of the heart muscle can

be demonstrated, and it seems probable that the heart, like other organs of the body, possesses sufficient reserve force to enable it without change of structure to do more than is ordinarily required of it.

While we would not advise a man with a mitral lesion to learn the blacksmith trade, most of us would hesitate to prohibit him from thus gaining a livelihood simply because the stethoscope reveals a cardiac murmur.

Any observant practitioner can recall many cases where women who were the victims of valvular lesions have reared families without apparent aggravation of the existing lesion. It is probable that many and perhaps the majority of such women pass through pregnancy and parturition without the suspicion being aroused of the existence of trouble on the part of the heart. That pregnancy will undoubtedly increase the strain upon the heart, and that in many cases the progress of the disease may be hastened, cannot be denied, but that it will of necessity be so, is, I think, not demonstrated.

The physiological hypertrophy which occurs in all cases during pregnancy may be sufficient to carry the patient through pregnancy and labor even in quite marked cases of valvular disease. It would be obviously unfair to apply to these cases a rule formulated from the experience of consultation practice, just as it would be unwise to attempt to make the severer consultation cases conform to rules formulated from general practice.

While recognizing the fact that maternity is not necessarily injurious to patients who have diseased hearts, there are two dangers which must ever be kept in mind.

* Read before the Academy of Medicine of Cincinnati, November 19, 1900.

1. Pregnancy is apt to relight an old endo- or pericardial inflammation, and the more recent the original attack the more likely is this to occur.

2. The dangers of pregnancy for the woman suffering from cardiac disease increase in proportion to the rapidity with which one pregnancy follows another.

These two facts should be kept constantly in mind if we should be called upon to give an opinion on the probable effects of pregnancy upon the heart. A case which gave bright promise of a safe termination might be rendered very grave by the supervention of an attack of acute endocarditis, while a heart which could safely sustain the strain of pregnancy once in three or four years might fail us utterly if pregnancy recurred at shorter intervals. These women should therefore be warned of the risks they incur by frequent pregnancy, and I doubt not that by the lengthening of the intervals the sum total of births will be increased, and the prospects of the mother being able to rear her children enhanced.

When a valvular lesion is uncompensated the woman will usually menstruate excessively until the development of the cardiac cachexia. Such a woman is as apt to conceive as if she enjoyed perfect health, but much more liable to early abortion, probably because of extravasation of blood between the ovum and uterine wall. Some of the so-called cases of menstruation during pregnancy are probably due to this cause. After the development of the cardiac cachexia the probabilities of conception are lessened. When, under such circumstances, pregnancy does occur, the gravity of her condition is greatly increased. If compensation has failed when the uterus was empty, it is hardly to be expected that it will occur after the increased strain of supplying the pregnant uterus has been added to its labors.

We seldom see failure of compensation on the part of the heart in the first four months of pregnancy, unless the loss of compensation has preceded the pregnancy. The labors of the heart are not greatly increased at this time, for the uterine circulatory system is not yet sufficiently increased to demand a great augmentation of labor on its part. While this is true, it is equally apparent that compensation is not likely to occur in the early months of pregnancy, for anemia is almost always

present at this time, while the nutrition of the woman is commonly interfered with by digestive disturbances.

These cases constitute the first class into which we divide the heart troubles of pregnancy, and the rational treatment is abortion, for a viable child can scarcely be expected, while it would be folly to add to the already overburdened heart the strain of a useless pregnancy.

A consideration of the diagnosis of heart lesions is not called for in a paper of this kind, but so serious a recommendation as abortion should not be made without some attempt to define its indication, and limit its application. It must ever be borne in mind that a heart murmur, associated with pallor, weakness, and bloodlessness, may not constitute cardiac cachexia. In the majority of cases which have come under my care, in the first three months of pregnancy a decided murmur could be detected. Even if the cardiac murmur was undoubtedly due to a valvular lesion, the anemia may be due to the pregnancy, and it would be exceedingly bad practice to empty the uterus under such circumstances.

As in heart disease uncomplicated by pregnancy, the character or intensity of the murmur is of small significance, the gravity of the case depending upon the condition of the heart muscle. An intermittent pulse in a woman of child-bearing age usually means myocardial disease. In the early months of pregnancy dilatation of the right heart and pulsation of the veins of the neck should be taken as a positive indication for interrupting the pregnancy.

We will not consider the plan of procedure except to say that the method adopted should be as expeditious as possible, and that exceptional aseptic precautions should be taken. These women are in no condition to withstand even a mild septic infection.

The second class in which we would divide our cases includes all cases in which loss of compensation occurs in the last half of pregnancy. After the beginning of the fifth month the work of the heart is greatly increased. The necessity for maintaining the nutrition and respiratory function of the fetus calls for commensurate growth of the uterine vascular system, and while the uterine circulation is somewhat assisted by the rhythmic contractions

of the uterus, most of the necessary driving force must be supplied by the crippled heart. Not only is the return circulation from the pelvis and lower extremities impeded by direct pressure upon the vena cava, but the renal and portal circulations are interfered with, while the pressing upward of the diaphragm by the growing uterus restricts the action of the heart itself.

In the latter half of pregnancy the arterial tension is increased, thus furnishing another obstacle to be overcome by ventricular contraction. The condition which confronts us is similar to that of the soldier whose heart breaks down upon a forced march, but the military surgeon can put his patient to bed and thus remove the strain, while we must fight a strain which increases progressively from day to day.

In some of these cases the failure of the heart is due to the relighting of an old endocardial inflammation. As rest is the great essential in the successful treatment of endocarditis, and the heart is compelled to do an abnormal amount of labor, the supervention of serious symptoms may be so rapid as to be bewildering. The enforced labor of the inflamed organ renders myocarditis a more probable complication than under ordinary circumstances, while the increased fibrinous elements in the blood renders thrombosis and embolism more probable. The average obstetrician will not see a sufficient number of such cases to enable him to draw conclusions from his own experience, but if it is comparatively common for a heart which has passed without trouble through pregnancy and labor to break down and dilate in the puerperal period, it would seem almost a hopeless task to attempt to carry a patient to term whose heart breaks down during pregnancy and without the fearful strain of labor. If we were to consult only the interests of the mother, the indication would be to remove the extra strain associated with pregnancy as soon as possible, but the child also demands consideration.

Before calling upon the mother to sacrifice too much in the interests of the child, it is well to consider what are its chances if left to nature. I can find no statistics bearing upon this subject, but most writers agree that they nearly all die if left to nature, and that the woman seldom goes

to term. The tendency to premature labor is due to the defective oxygenation of the blood setting up uterine contraction, and the venous engorgement of the uterus leading to apoplexy of the placenta.

It would seem then that a due regard to the interests of both mother and child demands that the pregnancy be artificially terminated before the completion of the full term of gestation, but if the child has not yet arrived at a period of viability, shall we make an effort to carry it past the seventh month? This must depend upon the condition of the mother, and the way the heart responds to treatment. If by the use of cardiac tonics the balance of the circulation can be restored, we may be justified in waiting. I am not certain of the advisability of this course, but in the present state of my knowledge I am not certain it is not advisable, and grant this much in the interests of conservatism. If the heart does not improve it would be folly to prolong pregnancy, for the interests of the child will hardly be served by waiting, while the chances of the mother become less with each day of strain to which the heart is subjected. If we adopt the expectant plan and try to overcome the dilatation by the use of cardiac tonics, we must give them boldly, until the desired effect is produced, without regard to quantity.

Theoretically, at least, strophanthus is preferable to digitalis, for in the latter months of pregnancy we have already an increased arterial tension, and strophanthus, while not contracting the arterioles, is equal to digitalis in its effects upon the heart. Its effects are more transient and not cumulative to the same extent as digitalis. It is therefore safer to push it till the desired effect is produced. Strychnia not only exercises a good effect upon the heart muscle, but tends to preserve the digestive function.

We should expect that the venous stasis would predispose to renal complications, and this seems to be the experience of those who have written on the subject. The bowels should be kept open, and the return circulation from the lower extremities may be assisted by friction. Absolute quiet should be insisted upon, for this is not one of the heart conditions which will be benefited by gymnastic exercise, the heart already having more than it can do in preserving the normal balance of the

circulation. If the condition of the heart does not improve, if passive hyperemia of the liver manifests itself, and digestion is disturbed, and especially if the urine shows albumin and casts, the time for medical treatment is past.

Whether labor occurs at term, is induced after the seventh month, or an abortion is done, it must be so conducted that as little strain as possible will be sustained by the heart. When the patient improves under treatment we may delay the induction of labor to eight months in the interests of the child, but after this time has been reached delay is as detrimental to the child as it is to the mother. McDonald placed the maternal mortality of cases where the heart broke down during pregnancy at 60 per cent. Even if we grant that this is probably an overestimate, because based on consultation practice, we cannot too carefully consider the proper line of procedure. The gravity of the task is not lessened from the fact that "most children die if left to nature," and our best efforts should be directed towards lessening the fetal as well as maternal mortality.

We hear constantly of women who have been refused an anesthetic in labor because they have a bad heart. Nervous women who imagine themselves the victims of heart trouble belong to the class which is most benefited by anesthesia, while with those who have a serious heart lesion an intelligent choice of evils leaves no doubt of the necessity for anesthesia.

The history of medicine is full of cases where acute dilatation of the heart has occurred in people who were in perfect health as a result of unusual muscular effort. The late Dr. James T. Whittaker records the fact that he was suddenly taken with symptoms of cardiac dilatation after an unusually difficult forceps delivery, and suffered with dyspnea for some time thereafter upon any slight exertion. The condition is not unusual with athletes after unusually severe muscular efforts. In the face of such facts, how can we doubt the gravity of severe muscular effort in a case where cardiac dilatation has occurred in the last half of pregnancy?

With regurgitation occurring with each contraction of the heart, the lungs engorged with blood, the right ventricle dilated and accumulation of blood in the extremities of the body, the heightened arterial tension, associated with uterine

contraction, endangers the muscular structure of the heart. If the accessory muscles are called into play the chest wall is fixed, the glottis closed, and the diaphragm and abdominal muscles contract with vigor. It is not surprising, therefore, to find cases of fatal syncope recorded as occurring during labor as a result of the strain on a diseased myocardium.

While the accessory muscles of parturition are usually spoken of as voluntary, they are not, strictly speaking, always within the control of the patient. In many cases, after the completion of the first stage of labor, the woman has almost as little control over the so-called voluntary efforts as over the action of the uterus itself. This is true of most women when the vulva is being stretched by the head, and in women with serious cardiac disease such efforts must be absolutely prevented.

Chloroform, intelligently administered, will suspend the action of the accessory muscles by relieving pain, and therefore the reflex stimulus to contraction, and by direct action upon the muscles themselves. If involuntary fibres were as easily affected as voluntary, death would always result from surgical anesthesia. That there is danger from the anesthetic is not denied, but it is the lesser of two evils, and there are some conditions present which render it safer than it would be in cardiac dilatation under other circumstances. The direct paralyzing effect of the drug upon the heart may be reduced to the minimum by the gradual administration with the mask and dropper, thus preventing the pulmonary circulation from being at any one time surcharged with the vapor. As each uterine contraction throws an increased quantity of blood to the brain, cerebral anemia and syncope are less apt to occur.

The tendency of chloroform to produce relaxation of the smaller vessels of the body, and thus prevent the blood from returning to the chambers of the heart in sufficient quantity to stimulate contraction, has been provided against by nature. A similar condition is present in surgical shock, and is relieved with surprising promptness by the intravenous injection of normal salt solution. In the last half of pregnancy nature has already supplied the increased quantity of circulating medium. If the case has been properly treated the patient is already under the

influence of drugs which tend to prevent the depressing effects of chloroform. If surgical anesthesia is required ether is preferable to chloroform.

When labor is induced the usual methods will not suffice, because they depend upon the mother's efforts to secure uterine dilatation. If the cervix is dilatable and the patient a multipara, with roomy pelvis and lax pelvic floor, rapid manual dilatation and extraction by the feet is safest for the mother, because it saves her the exhaustion of labor, and it also offers good prospects of delivering a living child. In most primiparæ and many multiparæ, with firm cervical structures, manual dilatation will require the patient to remain under the anesthetic for a period not compatible with her safety, while the extraction of the child is apt to be sufficiently retarded to reduce its chances of delivery alive.

There seems to be a tendency of late to compare manual dilatation with dilatation by the hydrostatic bags, to the disadvantage of the latter. This tendency is to be regretted, for a careful consideration of the subject shows that they are applicable in distinct classes of cases. Robert Barnes devised his bags for use in cases where the cervix was not yet in condition to be safely dilated by the hand. In many cases it is only after several hours of labor that the cervical structures have softened sufficiently to give promise of safe and speedy dilatation, and it is these hours of labor we are trying to rule out. The proposed treatment can perhaps be best illustrated by the following case report:

Mrs. C. R. B., aged twenty-eight, first pregnancy, married five years. Has since puberty suffered from pelvic symptoms and febrile attacks, which were diagnosed as chronic malaria, but which in all probability were septic in character. Uterus retroflexed and bound down by very large, firm cartilaginous adhesions. Left tube and ovary surrounded by dense adhesions and very sensitive; believed to contain pus by several men of large gynecological experience. Right tube and ovary also enlarged, thickened, and bound down by adhesions, decidedly tender, but not believed to contain pus. Has been under my care for over six years, during which time she has had probably twenty attacks of pelvic pain, with rigors and increased temperature. At such times the pelvic

mass upon the left side would be greatly increased in size and exquisitely tender, and during the intervals the induration would become gradually less. The advisability of removing the ovaries had been under consideration during this whole time, but for various reasons had been postponed. When suffering from septic attacks a mitral murmur could always be detected, and the action of the heart was always irregular, but when in comparative health the stethoscope revealed nothing abnormal.

In the first four months of pregnancy patient suffered considerably from the tension upon the adhesions, had considerable local pain, and occasional febrile attacks, but was in good general condition. In the early part of the fifth month acute endocarditis developed and the heart dilated enormously. The area of pulsation in the intercostal spaces measured four inches transversely, the murmur could be heard distinctly at any part of the thorax and in the neck, and marked pulsation of the jugular was present. The lower extremities and lower part of the abdomen were markedly edematous, as were the hands and wrists.

Digitalis seemed to increase the subjective symptoms and dyspnea, and strophanthus was substituted. Strychnia, in doses of one thirtieth of a grain four times a day, was also given and continued throughout. Strophanthus was pushed to one drachm of tincture per day, divided into four doses. Under rest and the above treatment the symptoms somewhat improved, but pulsation of the intercostal spaces to the right of the sternum was present throughout the remainder of the pregnancy, as was pulsation of the jugular when in the recumbent posture. The urine was normal and the digestive functions remained unimpaired.

Labor was induced at eight months at Bethesda Hospital, on August 16, 1900, about noon, by dilating with Goodell's dilator and the introduction of the smallest size of Barnes' bags. The uterine contractions which followed caused such exacerbation of the cardiac symptoms that she was given morphia. This, while exercising a good influence upon the cardiac excitement, necessarily delayed the dilatation of the uterus by keeping the contractions in abeyance. Considerable time was lost by the bursting of the first bag

in my absence. By midnight the third bag was removed and the internal os found to have disappeared, while the external os was dilated to a diameter of two inches, or slightly less. The vertex was presenting O. R. P., and no effort was made to correct it for fear of doing violence to the pus-tube, the location of which was problematical.

At 1 A.M., August 17, the contractions, though very feeble, seemed to be having a bad effect upon the heart. Digitalin, one-thirtieth of a grain, was given subcutaneously and chloroform cautiously given. After waiting till 5 A.M. in the hope that greater dilatation might be secured it was decided to use forceps. The labor had made no progress since the bags were discontinued, but even the gentle, almost imperceptible contractions which were present had the effect of producing violent palpitation, which shook the whole bed.

Dr. W. D. Porter, who was to see the case with me, being out of the city, Dr. Bonifield saw the case and administered ether.

The blades were introduced through the partially dilated os, the head grasped, and the handles moved gently in the arc of a circle to the mother's left. The nurse, pressing the fundus of the uterus to the left, assisted in keeping the head in its new position until the blades could be withdrawn and reintroduced, when, by again moving the handles in the arc of a circle toward the mother's left, the head was brought into the second position and thus delivered. The child weighed seven pounds, and has since done well. There were two apoplectic spots in the placenta the size of a silver dollar, showing beyond doubt that our fear for the child's welfare was well founded. The mother made a prompt recovery, and is now in a very satisfactory condition, although the evidence of mitral insufficiency is decidedly greater than previous to conception. The uterus is movable and the left tube still has the sausage-like feel. She is still taking strychnia and small doses of strophanthus.

We should always make every reasonable effort to secure more thorough dilatation of the os uteri, but when either the condition of the child or mother demands prompt delivery, two inches diameter to the os uteri is sufficient for introducing

the blades, and in cases like the above the dangers of waiting far outweigh those attending high forceps. If the child is dead or has not yet arrived at a period of viability, version will usually be preferable. If imperative necessity for prompt delivery exists, it will be a justifiable procedure to incise the external os uteri, provided the internal os has disappeared, but under no circumstances should the internal os be cut.

We are told by some writers that as the woman has an excess of circulating medium, and is suffering from congestion of the right heart, we should encourage a reasonable amount of postpartum hemorrhage. As we have no assurance that postpartum hemorrhage can be stopped as soon as a reasonable amount of blood has been lost, it would seem more rational to secure good contraction as soon as possible, and if necessary open a vein.

If labor has been safely passed we are still confronted by a serious problem. Some women who have experienced no difficulty during pregnancy and labor will suffer from cardiac dilatation in a week or ten days after labor. I am inclined to think that this class is much more numerous than either of the classes which have already been considered.

The dangers attending the puerperal period will depend somewhat upon the cause of ruptured compensation. If the difficulty was brought about by acute endocarditis during pregnancy, prompt improvement may be expected after labor is over. If there is cardiac dilatation from overwork of a heart which has long been seriously diseased, the question is more complicated. Definite conclusions cannot be drawn from perusal of the reports found in the literature. Most of the case reports simply state that death ensued within a few days or a few weeks after labor.

That many of these cases may have been due to thrombosis of the right heart and pulmonary artery seems probable, especially those in which death was sudden. That others may perhaps have been due to septic endocarditis seems more probable yet, for favorable conditions exist for the development of such a complication, and the rapid cardiac dilatation and hepatic congestion sometimes seen in acute endocarditis of septic origin might very readily be taken for dilatation following hyper-

trophy. Even if septic inflammation of the heart structures did not occur, septic infection of the pelvic organs might very easily precipitate fatal cardiac collapse. Even the healthy heart is prone to suffer from the absorption of septic matter into the circulation, and so well recognized is this fact that men of large experience care very little for the temperature curve, but watch the heart with grave solicitude in every case of sepsis. We could very readily believe, therefore, that some of the cases of death from heart trouble during the puerperal period may have been precipitated by sepsis.

But there are still cases in which none of these explanations seem to be applicable, in which a heart previously diseased has gone through pregnancy and labor without apparent difficulty, and yet fails to carry the woman through the puerperium. If we knew more of the process of involution whereby nature removes the physiological hypertrophy of pregnancy, it might be easier to arrive at some explanation of the phenomena observed. Nature is not infallible, and in other portions of the body she sometimes comes short, and sometimes overreaches the mark.

As these cases are apt to develop cardiac symptoms at a time when nature may be presumed to be engaged in removing the hypertrophy of pregnancy, it occurs to me that an explanation of some of these cases may lay in hyperinvolution of the heart muscle. If involution occurs by fatty degeneration it might readily pass beyond the intended point and produce a weakening of the heart wall, leading to dilatation. Whatever the explanation may be, my very limited experience would lead me to believe that it is harder to combat than cardiac dilatation occurring under other circumstances. I hope some of the pathologists present may be able to give us some idea of nature's methods in these cases.

It is not safe to wait for the development of symptoms on the part of the heart; they should be anticipated, and in every case where the heart is unhealthy forceps should be used as soon as compatible with the integrity of the mother's soft parts.

The lesson taught by the study of this subject is to be ever watchful and ready to lift the load from the shoulders of nature.

[For discussion see p. 10.]

TREATMENT OF STRICTURE OF THE RECTUM.

BY GEORGE J. MONROE, M.D.,
LOUISVILLE, KY.

The principal object to be accomplished in the treatment of stricture of the rectum is to relieve pain and suffering, to reduce the indurated condition if we can, to dilate the stricture so the patient can expel the feces without having to strain to exhaustion. If we can do these things we accomplish nearly all that can be done to any advantage. We must use means to make the feces as soft as possible. I believe that a soft stool is better than liquid, and is passed with a greater degree of comfort. We must try and produce absorption of the hard strictured matter. We must try to heal the ulceration. We will find it necessary in close strictures to give something which will relieve pain. Nearly all strictured patients are run down, prostrated, and worn out physically; therefore, they require building up by tonics and nourishment. To a great extent we can keep the feces soft by foods. We should also select those foods which only leave a small amount of residual matter. Milk stands at the front of all foods in this respect. Rich soups and broths come next. Eggs, raw or soft boiled, are good. I am in the habit of allowing my patients a little beef or mutton once a day. This should be rare cooked and thoroughly masticated. Patients should avoid peas, beans, corn, cabbage, apples, and, in fact, all foods which produce much gaseous formation.

In combination with foods we will often be compelled to use laxatives. I rely to a great extent on the laxative mineral waters. I find the Apenta one of the best, but I advise that this be greatly diluted with water.

The cascara sagrada answers a good purpose in rendering the feces soft. Cascara does not produce liquid stools. It answers a good purpose also in emptying the rectum without producing or causing very much straining. We can use castor oil and glycerine. Even sweet oil does very well.

As a drink I recommend my patients to use freely the slippery elm water or mucilage. Lemon juice or some slight bitter water may be used to make it more palatable. We should avoid using strong

purgative medicines. They do harm by increasing the straining. Emptying the rectum two or three times a week by a liberal injection of slippery elm mucilage affords a great deal of comfort, or we may use warm water with glycerine in it, or we may add the glycerine to the slippery elm water. The injections can be used through a bougie provided we have any difficulty in passing it above the stricture.

In regard to the use of antisyphilitic medicines, where syphilis has been the cause of the stricture, I find a difference of opinion. Some very eminent surgeons claim they are beneficial, while others no less eminent say they are of no use. In my own hands I do not believe I have ever seen any benefit result from their use. I have used them in every case of syphilitic stricture I have ever had, but I believe, so far as reducing or producing absorption of the stricture is concerned, they are absolutely useless. In addition to the mercury and iodide of potassa by the mouth, I have smeared the ulceration and stricture with mercurial ointment liberally every day, but have never seen any benefit from it. I have about come to the conclusion that antisyphilitic medicines in this class of cases are useless.

I have had good results from using my fingers or a bougie once a day. The pain is so severe sometimes that we are obliged to use anodynes. Opium, morphine, codeine, hydrate of chloral, hyoscyamus and the bromides may be used. We will have to watch the use of these remedies closely for fear of a habit being produced. I have seen several instances where these narcotics have been used where a habit has been established. I have a case of rectal stricture under treatment now where the gentleman uses a drachm of morphine every five days. In a year from this time, if he lives that long, he will be using twice that amount.

Sometimes relief may be obtained by large hot poultices or cloths wrung out of hot water placed over the anus and abdomen.

Gentle massage, with faradic electricity over the colon, is of service. It will break up hardened feces, increase the flow of intestinal mucus, as well as expel flatus.

We should induce our patient to use all the natural means of health possible. This embraces exercise in the open air,

sleeping in well-ventilated rooms, cleanliness, etc. He should be warmly dressed in the winter season. Cod-liver oil combined with Maltine is a good tonic and food for this class of patients. It seems to have a tendency to soften the feces as well as to build up the system. Sometimes iron and the hypophosphites are required. Strychnine and the bitter tonics are usually necessary. Nearly always we have to aid the digestive organs. We may use pepsin, pancreatin, dilute nitromuriatic acid, etc.

DILATATION OF THE STRICTURE.

Some means of dilating the stricture is necessary, or at least it is of service. I believe the very best thing we can use for this purpose is the finger. Introduce the index finger until it comes in contact with the stricture. If you can, without using much force, pass it through the stricture, then by passing the finger up and down we massage the contracted part. Keep this up for ten minutes at each treatment. Repeat every day or every other day. This both dilates and produces absorption. I have seen great good done in this way. I have dilated from the size of a lead pencil to the size of my finger in two or three weeks' time. We may use a soft rubber rectal bougie. It is better to commence with one small enough to pass through the stricture without having to use much force, and increase in size as we can. The bougie passing over the indurated surface seems to produce absorption as well as dilatation. By using a bougie gently in this way there is no danger of producing irritation or inflammation. It takes a long time to dilate a stricture in this way, but by this gentle means we allow our patient to be comfortable during the treatment. We can give a patient a bougie and instruct him how to use it himself. This he can pass daily, or every other day, as we direct, and he should once or twice a week visit his doctor.

I do not favor forcible dilatation if the stricture is above the anal inch. If within that distance we can safely dilate without doing damage. I always use my fingers in producing forcible dilatation. We know much better what we are doing with our fingers than we do with any dilating instrument ever devised. I dilate very much in the same way that I do in treating a fissure of the anus. We have

many kinds of bougies. My preference is the one made by Mr. Wales. This has an opening through it which we can make use of in injecting medicines into the rectum and colon. There are other soft bougies that taper from one end to the other, conical-shaped. These do very well in dilating a stricture. The only objection to them is that we are inclined to use too much force in passing them, and there is danger of producing an inflammation by the pressure we use. I have used both galvanic and faradic electricity in strictures of the rectum. We have bougies that are covered with hard rubber with the exception of the end. There may be an inch or two of the steel that is not insulated.

I am not certain that I have ever derived any benefit from the use of electricity, at any rate not any more than I have from the finger or a soft bougie. Claims have been made that the electric current produces rapid absorption of the induration. I have failed to see it. It may be that I have not used electricity right. I know very little about using this agent. I have discarded its use in the treatment of rectal stricture.

INCISION.

I have cut through strictures a good many times. Pass the index finger of the left hand through the stricture, take a probe-pointed bistoury in the right hand, pass it flatwise up by the finger in the rectum. When you get it above the stricture turn the edge of the knife towards the stricture and cut. We may incise in two or three places. Now pack the cut surface with iodoform or boric acid gauze, also fill the rectum with it. I take this precaution against hemorrhage. I once cut an annular stricture in three places. I did not tampon very carefully. Hemorrhage took place, and before I could see him he nearly bled to death. The tampon can be removed the second day.

If the stricture is extensive or high up in the bowel we take a good deal of risk in incising it. It is liable to bleed. There is danger of septicemia, as it is difficult to drain well. I knew of a case dying from hemorrhage where a stricture was cut high up in the rectum.

After incising a stricture it will be necessary to pass our finger or a bougie for some time. If we do not the healing pro-

duces a worse contracted condition than before the operation was performed.

After removing the first dressing I am in the habit of gently passing my finger every day for a week, then every other day for another week, then every third or fourth day for the next two or three weeks. Even after this we had better give the patient a bougie and have him pass it once a week for several months.

PROCTOTOMY.

This is used more in France and Germany than in this country. It is being used to some extent in the United States, but as yet I do not think it is a popular treatment. It is claimed that better drainage can be obtained from this operation than from incising the bowel elsewhere. I believe this is a fact. The operation is performed as follows: Take a straight probe-pointed bistoury, lay it flat upon the index finger of the left hand; introduce the finger until it reaches or passes through the stricture, then cut backwards towards or even to the sacrum; now withdraw the knife, cutting all the tissue outwards and backwards to the coccyx. If there are any arteries that bleed we had better ligate them. We now fill this incision with iodoform gauze, pressing it in with some force. Now place a pad over the anus and fasten on with a T-bandage. This should be dressed every second day. We will have to pass the finger also to prevent contraction from again taking place.

If the wound does not heal well we can use carbolic acid and olive oil, or nitrate of silver, ten grains to the ounce; ichthyl, or Listerine.

The entire strictured portion of the rectum has been excised, and the mucous membrane brought down and stitched to the lower portion of the cut. The stitches are apt to pull out and an ugly sore remains. I do not think it has been a successful operation except in those cases where the stricture is near the anal opening, and when this low other methods of treatment are better.

COLOTOMY.

Opening the colon where the stricture has closed the rectum, or where it is impossible to expel the feces, affords great relief. We can empty the colon and upper portion of the rectum. We can treat the

ulceration through this opening. By wearing a compress we can, to a great extent, prevent the feces from escaping. I have not room in this paper to describe the operation. By referring to Allingham's "Diseases of the Rectum" the method will be found fully and ably discussed.

The Number of Visits.

A case recently decided by the Supreme Court of Illinois is of interest to every doctor. The court upholds the validity of a judgment obtained by a physician who brought an action to obtain payment of his bill for professional services. The court held that the physician was not called upon to prove the necessity of making the number of visits for which he charged. The court followed the doctrine of an earlier case in which it was said: "When a physician is called by a person to treat him or his wife, and he takes charge of the case and attends from day to day, evidently, in view of his responsibility for skillful and proper treatment, he must, in the first instance, determine how often he should visit the patient, and so long as the person employing him accepts his services, and does not discharge him, or require him to come less frequently, or fix the times when he wishes him to attend, he cannot afterward be heard to say that the physician came oftener than was necessary. There was no proof that the claimant came when he was forbidden to come, or that he was discharged and continued to attend thereafter."—*Eclectic Med. Journal.*

Consolidation of Medical Schools.

The consolidation of two of our medical colleges, the Beaumont-Hospital and the Marion-Sims, which was mentioned in our last issue as a possibility, has been accomplished. We understand that the schools will complete the present course in their individual character, but that beginning with the fall of 1901, when additions to the building at Grand and Caroline will have been completed, and the details of a union of the two faculties arranged, the two will be in fact one, and will hail from that location, it being their purpose to dispose of the Beaumont property.—*Med. Fortnightly.*

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of November 19, 1900.

THE PRESIDENT, C. L. BONIFIELD, M.D.,
IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

DR. WILLIAM GILLESPIE read a paper
(see p. 1) entitled

Management of Pregnancy and Labor Complicated by Cardiac Disease.

DISCUSSION.

DR. C. D. PALMER: To the best of my knowledge this question has never been presented to the Academy of Medicine before this evening, and I do not think that it has ever come up for consideration at our Cincinnati Obstetrical Society. Because of this fact, and because of the fact that it is a subject of unusual interest, I think it worthy of our consideration this evening. It seems to me that we may look at this matter in four ways, viz.:

1. What is the effect of pregnancy and parturition on the normal heart?
2. What is the effect of pregnancy and parturition on the heart functionally diseased?
3. What is the effect of pregnancy and parturition on the heart structurally diseased, but where compensation has taken place?
4. What is the effect of pregnancy and parturition on the structurally diseased heart where compensation has been lost?

We all know that pregnancy develops the heart; it grows larger, it has bigger and stronger muscular fibres. These changes take place because it has more work to do—a wise provision of nature. Other organs of the body increase in size during pregnancy, none more than the heart. It is somewhat questionable as to whether the heart after parturition undergoes complete involution. I am disposed to think that this hypertrophy continues somewhat after parturition, and that involution does not take place, although lactation goes on for twelve months.

In answer to the first question, then, I would say that pregnancy and parturition

practically improve the condition of the heart.

In answer to the second question, relative to the effect of this condition on the functionally diseased heart, I would say that the most frequent underlying cause for functional disorders of the heart is anemia. Anemia is overcome by pregnancy. This state increases the blood supply in quantity and improves its condition in quality. It is true that the red blood corpuscles of the blood are not relatively increased, while the white are somewhat increased, but the fibrin increases, and there is more blood and rather better blood. Hence, I think that the tendency of pregnancy and parturition upon the functionally diseased heart, with palpitation or otherwise is rather beneficial.

Now as to the effect of pregnancy and parturition upon the structurally diseased heart where compensation exists. Suppose that we take as an example a case of mitral insufficiency, which is the most common disease of the heart, what would be the effect of pregnancy or parturition on a heart diseased in this way? It may not do any harm. It is apt to do harm. The probabilities are that it will do harm. The probabilities are that it will destroy compensation, and all the bad results of a functionally and organically diseased heart will show themselves.

Now as to the effect upon a structurally diseased heart, where compensation has been lost; nothing could be worse. Surely every woman under such circumstances must become worse. She is in great jeopardy—jeopardy for her own life as well as the life of her fetus. What should be done? It is true that the same agents—digitalis, convallaria, strophanthus, nitroglycerine, strychnia—have good effects upon the diseased heart in pregnancy, just as they do in the non-pregnant state, though not to the same degree. We cannot expect to obtain the same results in the pregnant state. The woman with a structurally diseased heart (say with mitral insufficiency), in which compensation has been lost should have premature labor induced, especially if the heart difficulty increases month after month. We should not wait long; we should induce an abortion before it is time to bring about premature labor, if she is having increasing difficulties. I am disposed to think that women who become

pregnant, and have structurally diseased hearts without compensation, should have an abortion early induced.

DR. W. H. TAYLOR: The essayist has gone over the subject so thoroughly that there is very little else to be said. Certainly there is very little which he has said which is subject to discussion. We must concur with him in almost all that has been said. There is no doubt that the existence of organic disease of the heart very seriously clouds a pregnant woman's prospects, but the mere fact that it does exist is not a reason for active interference with the pregnancy. It is well recognized that a mitral lesion is the most serious, or, in other words, there is a greater danger of bad results to the woman if she have a mitral than if she have a lesion anywhere else. The existence of active dilatation, or aneurism, is rarely to be considered. It is a condition which is not very likely to develop in a woman, and not likely especially to develop during the child-bearing period. The most important point to be considered in every case is as to whether or not the compensation still exists. If the heart has been developed sufficiently to overcome the obstacles which first existed because of the heart lesion, and then developed to meet the increased demand made upon it because of the pregnancy, the woman should be left alone. Of course, she must live a quiet life, and it is more than ever important that her excretory functions be in good working order, so that the impurities from her system may be eliminated and the blood be in as perfect a condition as possible for circulation. Wherever, however, there is a lack of compensation developed, then we have a very positive indication for interference, and I believe that that, in general terms, is the only reason for interference in these cases.

There is one point to which I should take very decided exception, and that is in regard to the means advocated by the essayist in inducing labor. He advocated the use of the mechanical dilators, the Barnes bag especially, a thing which I have long since abandoned, and one reason for my doing so was exhibited in the experience the doctor had with the Barnes bag in one of the cases which he reported. I think they are satisfactory where you can use them, but they are so unreliable that you cannot use them. The de Ribes

dilator is a better device, but the best of all is the hand. The doctor spoke of requiring several hours to dilate the cervix under certain circumstances with the hand. I certainly should deny the necessity of that. I have had occasion to dilate the cervix under all circumstances where it is likely to require dilatation from two months of pregnancy on up, and I certainly never measured the time by hours. I believe any cervix can be dilated within one hour, and there is certainly greater satisfaction and reliability to be obtained in the use of the hand than with the Barnes bag.

Another thing, and that is in reference to the necessity for bleeding after delivery. Where there is a weak heart, and where there is want of compensation, we all recognize the fact that as soon as the uterus has been emptied and it has contracted, there is a very large amount of blood suddenly thrown into the mother's vessels. With the heart especially weak at this time, this increased volume of blood is likely to overtax the heart. I believe that it is important that this increased volume of blood should not be suddenly thrown on to that weak heart, and it is desirable that there should be a loss of blood either from the uterus or from a vein. In the experiences of a very considerable obstetrical practice I have seen cases such as are referred to, and I believe it is very important always to prevent the strain which necessarily comes during the expulsive efforts, and to be ready to resort to the forceps as the doctor did in his case—early.

It was a singular coincidence that within about a month I saw three cases of organic heart disease in connection with labor. In one case the disease had existed for several years, and the woman had grown so feeble that she could not walk upstairs. It was with difficulty that she walked at all any distance. Her pregnancy went on to full time; it was a case of central placenta previa, so she had a very excessive hemorrhage at the time of the birth of the child. She escaped immediate death from hemorrhage (I did not see the case until a little while after the child was born), but she died within ten days thereafter from cardiac failure. The pulse never came down to less than 130 after the delivery of the child. I do not believe that there was any sepsis in that case; it was simply the

culmination of a long-continued heart disease, the heart having been especially taxed during pregnancy, and it was impossible for it to recuperate after pregnancy. In another case which I also saw in consultation, compensation had been lost before the birth of the child so the woman was in a very bad condition. She had anasarca, dyspnea, and palpitation, with a very rapid, feeble pulse. She died within three weeks after delivery. The other case was one which I saw some time before delivery, in which there was a very distinct mitral murmur, with the ordinary manifestations, without the loss of compensation, but as the pregnancy advanced the woman was unable to lie down because of the dyspnea from failure of secretion of the kidneys, so that at last there was only about twenty ounces of urine passed in twenty-four hours. I felt it imperative that the pregnancy should be interrupted. I dilated the cervix with my hand and delivered a living child of about eight months. The woman recovered very satisfactorily from the effects of the pregnancy, but, of course, she did not recover from her heart lesion. All her difficulty of breathing, heart palpitation, suppression of urine, disappeared after delivery.

In regard to the use of anesthetics, I believe the doctor is right. It is far better to anesthetize the woman and run the chances of the effects of the anesthetic than to attempt treatment of the case without the anesthetic. I believe the damage to the heart would be likely to be greater with than without the anesthetic.

DR. W. D. PORTER: I was very much interested in the paper and in the discussion. The division made by the essayist of the cases to be considered I think is a very good one. The first one embraces, as I understand it, those cases in which it can be predicted before pregnancy that the woman could not safely go through pregnancy and labor without harmful results. In such cases I think they should be warned as early as possible of the attending dangers; especially should girls contemplating marriage be told of the very serious risks they run in entering upon the marital state.

The advice given by the essayist that any manipulations for the purpose of inducing abortion or labor should be carried out with the greatest care and precaution

in regard to asepsis, I think cannot be too strongly emphasized. With the heart in a weakened condition it is easy to believe that sepsis is much more likely to occur than under ordinary circumstances. Death may occur from breaking down of the heart, or from embolism or thrombosis, but I think also a fair proportion of the deaths are due to sepsis. With a septic trouble which ordinarily would be very trivial we may have in women with diseased hearts an influence which may turn the tide the wrong way.

In reference to the use of the Barnes bags for dilatation of the cervix, I would say that my experience has been very similar to that of the essayist. I have been disappointed in one or two instances in their use, but generally they have been satisfactory. I have used them for the purpose of dilating the cervix to induce abortion or labor, and in cases where in labor the head will not readily descend, such as when it is in the occiput posterior position. I have used them in two cases where fibroid tumors in the uterus interfered with sufficient contractions, and in these cases the results were satisfactory. The essayist mentioned two conditions which are quite different, and which might exist in the cervical canal; one in which the cervical canal has disappeared and the tissues are greatly thinned. In these cases the ease with which dilatation may be accomplished is almost surprising, but in those cases in which there is still a cervical canal, and where there is a strong ring of muscular fibres to be overcome, it is often most difficult to get the first couple of inches dilatation with the finger. I know it is a very difficult matter for me to do this; it may be that I have not sufficient skill in this maneuver, but in such cases I have been very successful with the use of the Barnes bag. I have had one or two cases in which the bags slipped out into the vagina on account of their not being sufficiently filled.

I think one of the most important points which have been brought up is the question of anesthetics. I think all of us agree with the essayist that it is safer to use them than not to do so. In using an anesthetic we are selecting the lesser of two evils. The factor of safety in a condition where the heart is weakened and broken down is very much smaller than in ordinary circumstances. Where the anesthesia

is pushed only to the point necessary to suspend the action of the accessory muscles during labor the effect is much more beneficial, as a rule, than harmful. In some cases, however, it is necessary to push the anesthesia to the surgical degree to accomplish our purpose. Then, of course, we are treading on dangerous ground. In those cases where it is necessary to carry the anesthesia to the surgical degree each case should be most carefully studied. If you have considerable arterial tension and a strong pulse, I think chloroform might be safer in these cases, owing to the danger of pulmonary congestion caused by ether. In other conditions ether would be better than chloroform.

The suggestion made by the essayist in reference to the use of a dropper when chloroform is the anesthetic to be used I think is a very important one. I think this should be used in all cases. Where we have to push the anesthesia to the surgical degree I think it is necessary to secure some competent person to give the anesthetic, one in whom you have perfect confidence, because I do not believe that there is any condition where skill and judgment are more necessary than in this condition.

DR. MAGNUS A. TATE: The essayist has given us a paper showing deep thought and study. I have had a few, but not many, obstetrical cases complicated by heart lesions. In all the cases, however, there was full compensation. My practice has always been to watch the case carefully, carry it along, and as soon as labor pains develop sufficiently, then to deliver as quickly as possible, always using chloroform.

DR. J. L. CLEVELAND: My ideas in reference to this subject have been so well expressed by the gentlemen preceding me that I hardly feel it worth while to say anything. We all have seen cases in which pregnancy has been complicated with organic diseases of the heart, and these women have gone along without any difficulty at all. This is, of course, when compensation is complete. The rule which I have always followed where I have had cases in which there was an involvement of the heart (say a mitral insufficiency), as long as compensation is complete, I let it alone. I have seen cases of this kind get along without any difficulty again and again.

In regard to the management and treatment of these cases, I think, as has been suggested by one of the speakers, that attention to the gastro-intestinal tract, the kidneys, the liver and portal circulation is far more important than the giving of heart tonics. I think as long as compensation exists there is no use in giving such drugs as digitalis, for under conditions of that kind the drug acts as an irritant, and frequently will do harm. Of course, where compensation fails, where there is edema, general anasarca, suppression of urine, pulsation of the jugulars, the condition is radically different, and I do not think in a case of this kind that any practitioner of any judgment would hesitate to relieve the woman of the fetus as rapidly as practicable.

In regard to the methods to be used, I fully concur in what has been said along this line. Of course, in inducing abortion, or labor, under these circumstances we want to do it in the most expeditious way. Concerning the use of dilators, I think my finger is much safer and much more practical than the Barnes bag, at least this has been my experience. The experience I have had with the bag has not been satisfactory, and I invariably use my fingers for dilatation. So far as my experience goes in those cases where compensation has failed and we have jugular pulsation, and evident congestion of the lungs, death generally follows, usually a short time after the birth of the child, from a few hours to a day or two.

The suggestion made by some of the speakers, that after the delivery of the child the pulmonary congestion and strain on the heart should be relieved by removing the pressure on the heart, should be followed out in all these cases as soon as possible, and thus give the patient the best chance of getting well.

In regard to the use of chloroform in these cases, I think the shock in inducing labor without chloroform is certainly much greater and more dangerous than the risk we run in using it. I think chloroform should be generally used in cases of this kind.

DR. N. I. FRAID: I wish to thank the essayist for his admirable paper. It certainly was a most instructive and interesting one.

It seems to me that one or two points have been overlooked by the speakers.

For instance, in regard to bleeding. It has been my experience that in the cases which we have been considering to-night we generally have profuse hemorrhage after delivery. I have had several cases in which the hemorrhage has been alarming, one case occurring eight days after her confinement. I seem to me that the greatest difficulty we have is to control the hemorrhage.

As far as the treatment is concerned, I think digitalis—that is, the infusion—is often very useful in these cases, because of its diuretic effect in addition to the effect on the heart. I also use in these cases strophanthus and strychnia.

DR. ELLIOTT PALMER: I feel that I have really nothing to add to that which has already been said. I wish, however, to compliment the essayist, who has outlined so carefully the course of these cases, and has given us such complete rules for the treatment to be pursued.

The question of anesthetics in these cases has aroused very general interest in the Academy to-night; almost every man has discussed the subject, and I would like to ask Dr. Gillespie in his final discussion to give us the reasons why he would prefer chloroform to ether in partial anesthesia in the cases about which we have been talking?

Another point has occurred to me but which is foreign to the subject under discussion. In the case report included in his valuable paper, the doctor describes a turning operation done by means of a double application of the forceps through a cervix two inches in diameter, and with the head right occipito-posterior and above the pelvic brim. I should like to ask him why he chose this to either a podalic version, which could likely have been done with this premature child, or why he did not try to turn the posterior position of the head into an anterior one by means of the hand inside the uterus? Either of these procedures would seem to offer a speedier, as well as less difficult, method of delivery than the way reported.

DR. WM. GILLESPIE: I wish to thank the members of the Academy for the thorough discussion which has been given to the paper. I will endeavor to answer a few points which arose in the discussion.

I fully agree with Dr. Taylor that in the majority of cases where artificial dilatation is called for the hand is the prefer-

able dilator. In the case of a woman who is at full term, and who has previously had children, the uterus can usually be dilated by the hand in five or ten minutes, without the employment of much force. In the case of a primipara, where labor has been induced at seven or eight months, we have a very different condition. Not only do we find the internal os closed, but the lower segment of the uterus has not expanded, and preserves its conical form. In such a case, even after dilatation of the cervix has been secured, the lower uterine segment may be so narrow that the head will not pass with ease.

The water bag not only acts as a hydrostatic dilator, on the principle that a given amount of pressure on the opening of the tube gives an equal amount of pressure on each similar area of its wall, but it acts by stimulating contractions. The fundus of the bag is flattened out by the pressure of the head, and acts as a point of the head wedge, dilating the lower segment to the form observed at full term.

The paper itself cast no reflection upon bleeding. I merely remarked upon reading that part that "I believed the necessity would seldom arise." As mentioned by Dr. Fraid, in these cases a large amount of blood is usually lost, a sufficient amount to relieve the intravascular pressure. All that I intended to object to was the advice given by writers that we encourage postpartum hemorrhage, for I certainly believe the extraction of blood is proper if there is congestion of the right heart, and sufficient relief has not been afforded by the loss of blood accompanying the expulsion of the placenta.

I was very glad Dr. Porter expressed his approbation of the chloroform dropper. When we reflect that the next beat of the heart will carry the blood in the pulmonary vessels directly to the coronary arteries, the dangers of the rapid, and advantages of the gradual administration must be apparent. Not more than one-fourth the amount of chloroform is used by this method.

As to why I prefer chloroform to ether, it is much more easy to give and much more satisfactory in its effects when given in the second stage of labor for the purpose of mitigating pain. I should have no fear of it were it given to the surgical degree, if compensation was perfect, but in cases where compensation has failed I

should use ether for profound anesthesia, unless nephritis or serious pulmonary trouble was present.

Diuretics are very untrustworthy, and while the infusion of digitalis may be a better diuretic in cardiac troubles than strophanthus, such has not been my experience.

I was asked why forceps were used in preference to podalic version in the case reported. The mortality of children born breech first is much higher with primiparae than multiparae. The greater rigidity of the parturient canal may delay the extraction of the after-coming head long enough to compromise life. In this case also a pus-tube was present. Before pregnancy occurred it was easy to make out an adhesion between this tube and the sigmoid flexure of the colon. I had no way of knowing whether this adhesion had given way, and allowed the whole tube to mount upward with the uterus, and feared that in turning the child this tube might be ruptured.

Celluloid Thread.

A short time ago it was reported that Professor Pagenstecher was using celluloid thread for suturing and ligaturing, and since then experiment and experience has shown that this material, consisting of celluloid thread of interwoven fibrils with smooth edges, possesses a tensile strength very great even for small sizes, and its flexibility and easy sterilization justify the satisfactory reports concerning its qualities. There is one characteristic worthy of note in regard to this celluloid thread, namely, that there is apparently no method of sterilization which is not applicable to it, and, moreover, its tensile strength is increased by sterilization, dry heat in particular more than doubling this elasticity. In regard to absorbability, it is difficult as yet to form a decided opinion, and so far but one disadvantage seems to have been noted by those who submitted it to the actual test of everyday use, this drawback being that it absorbs fluid to about 41 per cent.—*Med. Press and Circular.*

GUAIACOL mixed with an equal part of glycerine and applied over the seat of a neuralgic or muscular pain will often give quick relief.—*Med. Summary.*

The Cincinnati Lancet-Clinic

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SATURDAY, JANUARY 5, 1901.

HALL OF FAME.

In connection with the University of New York there has been erected what is known as a Hall of Fame, on which is to be inscribed the names of one hundred of the most illustrious citizens, the names to be selected by one hundred prominent men of New York. The first fifty have been selected and voted upon, fifty or more votes being required to select. The selection has been a universal disappointment, and surely does not reflect the sentiment of the great American public.

As a member of the medical profession, a name representing that great body of learned men was naturally sought, but the seeking is in vain, for no doctor is mentioned, and, queerly enough, although the father of the donor of the Hall itself was one of the most noted of the financial geniuses of the century, his name is not found to be worthy of record.

But it does seem strange that in the face of futurity there should be an omission of the names of Rush, Gross, McDowell and Sims, or Holmes, Mott, Stillé, Morton or Flint. Physicians are modest men, and not much given to oratory or governmental affairs, rather devoting their attainments and lives to a relief of suffering and pro-

longation of life. By pursuing this policy, they labor under a belief that they are adding every day to the sum total of human happiness.

Does a doubling and more of the length of human life within a single century count as nothing in the eyes of the committee of sages selected to name the most eminent of American citizens? For the truth of this assertion any life insurance agency will furnish ample verification.

* * *

Life insurance, when first engaged in, was intended to be furnished at the slightest possible margin above actual cost, and the organizations were mostly mutual in character and designed to furnish a rebate or refunding of surplus funds at stated periods. Instead of this purpose being continued, some very astute financiers discovered the richest kind of a gold mine in a conduct of the companies on a so-called business basis, the chief part of the business being found in an accumulation of surplus funds, such accumulation being made possible through the never-ceasing, always-untiring professional labors of physicians, thus are becoming unconscious promoters of the surplus storages of the life insurance companies.

A glance at these often incomprehensible amounts, as shown in the ads. of the companies, will show at a glance the necessity of a National and State control, that would have for its purpose a regulation of rates that would dispose of all surplus funds at stated periods, as well as the normal cost of conducting the business.

Some new features are of recent development in life insurance lines. It is first of all recognized and to be remembered that life insurance as a business owes its existence largely to the medical profession. A shortening of the length of human life would be fatal to the prosperity of the companies, and the doctors have had everything to do with preserving the integrity of the business, the members

of the medical profession being to some extent—a liberal extent—compensated for their professional labor in the physical examinations required by the companies. These examinations have up to the present time been very fairly distributed to reputable physicians, but it has come about recently that the insurance managers are crying for more surplus; not that it is needed to meet payments on policies, but for salary purposes.

In the new deal a corps of insurance inspectors are employed to make the examinations, thereby relieving the local and heretofore regular examiners. There is and can be no question as to the right of the management of the companies to employ who they please to make examinations or to exempt their patrons entirely from exams, but the State, through its board of examiners and registration, has an undisputed right to require that all such life insurance examiners shall pass an examination by the State board, because the occupation of an examiner for a life insurance company in the pursuit of his functions as an examiner at once engages in a business that requires the skill of a practitioner of medicine and the practical application of such skill.

As a matter of policy the companies are making the mistake of their lives, for the reason that the doctors, in coming in contact more or less with all of the people, will be tempted at once to begin a systematic condemnation of the business. They have built up the companies and can as certainly tear them down by sapping the confidence of the people in them, showing how the policy-holders are not getting their just dues, and to the ordinary people the impossibility of any man honestly earning the fabulous salaries paid to the insurance emulators is simply preposterous.

Let a combine be made of the present life insurance examiners for the purpose of telling the truth and nothing but the truth about life insurance, and the whole

business will be found to rest upon a foundation of shifting sand.

EDITORIAL NOTES.

NORTH KENTUCKY MEDICAL SOCIETY.—The one hundred and forty-fifth meeting will convene at Walton, Ky., Thursday, January 10, 1901, at 10 A.M. The programme is as follows:

1. President's Address.
 2. Reading of Minutes.
 3. Reception of New Members.
 4. Prostatic Hypertrophy. Dr. B. K. Menefee, Crittenden, Ky. Discussion by Dr. D. M. Bagby, Walton, Ky., and Dr. J. G. Renaker, Dry Ridge, Ky.
 5. Appendicitis. Dr. J. F. Loomis, Independence, Ky. Discussion by Dr. J. L. Price, Sherman, Ky., and Dr. Charles D. O'Hara, Williamstown, Ky.
- AFTERNOON SESSION—I O'CLOCK P.M.
6. Sciatica. Dr. H. C. Lassing, Union, Ky. Discussion by Dr. J. H. Brown, Crittenden, Ky., and Dr. S. M. Hopkins, Gardnersville, Ky.
 7. Otitis Media. Dr. M. J. Crouch, Union, Ky. Discussion by C. A. Menefee, Richwood, Ky., and Dr. C. R. Slater, Elanger, Ky.
 8. Report of Clinical Cases.
 9. Unfinished Business.
 10. New Business.

STATE AND LOCAL BOARDS OF HEALTH OF OHIO.—Following is the announcement and programme of the eleventh annual meeting, to be held at Columbus, January 17 and 18, 1901. All sessions will be held in the Assembly Rooms of the Chittenden Hotel, corner of High and Spring Streets:

The eleventh annual meeting of State and Local Boards of Health will be held in Columbus, Thursday and Friday, January 17 and 18, 1901. By an error this meeting was announced in the *Ohio Sanitary Bulletin* for January 19 and 20. Please bear the correct dates in mind. A cordial invitation to be present is herewith extended to all officers and members of boards of health. It is to the interest of every community to have one or more representatives of its board of health present at these meetings. A glance at the programme will show the practical character of the topics selected for discussion. They bring forward questions the proper solution of which more or less nearly concern the health and happiness of every citizen of the State.

There have been more than three hundred delegates in attendance at each of the last four or five meetings, and the coming meeting will no doubt be well attended.

Boards of health are fully authorized to pay the expenses of delegates, and it is the hope that every board of health will send at least one representative.

One session is to be set apart for the discussion of the various phases of the difficult problem of preventing diphtheria. Provision will also be made for the "question box." Boards of health are requested to place in writing such questions as they desire to have answered at the meeting. If any problem confronts your board, present it, and you may find that the experience of some other board will give you the solution.

RAILROAD RATES.—A reduced rate of one and one-third the regular fare has been granted on all railroads in Ohio on the certificate plan, when the full fare is more than 75 cents. Tickets coming may be purchased not more than three days before January 17, and tickets for return not later than three days after January 18, Sunday not being counted.

Be sure that the railroad agent at the station where you purchase your ticket for Columbus gives you a certificate of having paid full fare; otherwise a reduced rate returning will not be granted. This certificate must be made out on the standard form of certificate of the lines constituting the Central Passenger Association.

Consult your station agent early, to be sure that he can furnish you with the standard form of certificate.

Yours respectfully,

C. O. PROBST, M.D.,
By order of the Board. Secretary.

FIRST SESSION—THURSDAY, JANUARY 17, 10:30 A.M., STANDARD.

1. Introductory remarks by the President, Dr. William T. Gemmill, President State Board of Health.
2. Medical Inspection of Schools, by Dr. J. P. Baker, Member Board of Health, Findlay. Discussion.
3. The Farm Well as a Source of Typhoid Fever, by Dr. C. M. Wanzer, Health Officer of Zanesville. Discussion.
4. Discussion of Questions propounded by Boards of Health.

**SECOND SESSION—THURSDAY, JANUARY 17,
2:00 P.M.**

Diphtheria.

1. The Duty of Boards of Health in the Diagnosis of Diphtheria, by Dr. J. E. Foster, Health Officer of Coshocton.
2. Who Should be Quarantined in Diphtheria: How, and How Long, by Dr. L. F. Laudick, Health Officer of Lima.
3. After Death or Recovery from Diphtheria, What Should be Disinfected, by What Means and by Whom, by Dr. J. A. McCollam, Health Officer of Urichsville.
4. When, if Ever, Should Schools be Closed on Account of Diphtheria, by Mr. I. A. Oldham, Health Officer of Cambridge.
5. In Diphtheria Who Should pay for—
 - (a) Quarantine (guards if required).
 - (b) Medical attendance, medicine, nurses and support.
 - (c) Disinfection, destruction of infected articles, by Dr. H. A. Beeson, Health Officer of Leesburg.

6. Discussion of Questions propounded by Boards of Health.

**THIRD SESSION—THURSDAY, JANUARY 17,
7:45 P.M.**

1. Am I my Brother's Keeper, by Dr. W. O. Thompson, President Ohio State University.

2. Should cases of Pulmonary Tuberculosis (Consumption) be Reported to the Health Authorities, by Dr. W. C. Chapman, Member State Board of Health, Toledo.

3. The State's Duty in the Prevention of Tuberculosis, by Dr. C. O. Probst, Secretary State Board of Health. Discussion of last two papers.

**FOURTH SESSION—FRIDAY, JANUARY 18,
8:30 A.M.**

1. Formaldehyde and its Uses, by Dr. W. D. Deuschle, Health Officer of Columbus. Discussion.

2. The Abatement of Nuisances, by Hon. J. M. Sheets, Attorney General. Discussion.

3. Hydrophobia—What can Boards of Health do to Prevent it, by Dr. W. A. Daugherty, Health Officer of Bucyrus. Discussion.

4. Discussion of Questions propounded by Boards of Health.

Adjournment.

DR. L. A. MOLONY is now located at
113 Garfield Place.

PUBLISHER'S NOTES.

THE PREDATORY MOSQUITO.—Every physician who "keeps tab" on the advances and discoveries of medical science is now aware that there are two kinds of mosquitoes—the good and the bad. We presume, however, that someone will dispute this statement, and say of this insect as the average army officer says of the Indian, "There's no good mosquito but a dead mosquito." It's true that they all sting, but some of them add insult to injury by injecting the malarial virus into her unsuspecting victim. We say *her*, because we believe the male mosquito is a better-behaved insect than his spouse and does not "present his little bill" at inconvenient times.

These few remarks are but prefatory to the announcement that The Palisade Mfg. Co. has prepared and is now mailing to physicians an illustrated folder, showing in sepia the distinctive differences between *Culex* (the non-malarial) and *Anopheles* (the malarial) mosquito, with instructions as to how to detect the good insect from the bad. A copy will be mailed to any physician who has not as yet received one.

A VEGETABLE HYPNOTIC.—Every progressive physician recognizes the necessity of overcoming the insomnia attending certain diseases. At this season of the year, when pneumonia is so prevalent, probably nothing will so satisfactorily relieve the distressing symptoms of sleeplessness as Bromidia. By the use of this reliable preparation we can obviate the effects of losing sleep, and at the same time feel that the heart's action is unimpaired, a dire calamity in a pneumonic process.—*Vermont Med. Monthly*.

Current Literature.

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Exclusive Soup Diet and Rectal Irrigations in Typhoid Fever.

A Seibert, M.D., read a paper with this title before the American Pediatric Society, which appears in the September number of the *Annals of Pediatrics*. The author says in part:

To diminish the number of pathogenic organisms in the human body is to-day recognized to be the best treatment of infected persons. In typhoid this object can be attained successfully by following two distinct indications, namely: (1) by promptly removing all remnants of food from the alimentary canal and then permitting only such articles of diet to come in contact with the infected surfaces of the intestine as will offer but poor culture media for the typhoid bacillus and its neighbors; and (2) by systematically irrigating the rectum during the entire course of the disease.

Until the chief cause of gastroenteritis in children has been demonstrated to be the manure bacteria that drop into the milk used for infant feeding, their rapid multiplication during warm weather and their action upon the children who swallow them, and until the imperative therapeutic necessity had been established to withhold all milk from an enteritic patient until he was cured, our treatment of gastroenteritis was in a doleful state.

To my mind, patients fed on milk during an attack of typhoid (a specific form of enteritis) are but little better off to-day than our former little patients were during an attack of summer complaint, with milk and opium mixtures in their intestines. If most of our typhoid patients fed on milk were not adults but children, like in gastroenteritis, the percentage of typhoid mortality of to-day would equal that of gastroenteritis of former years. For not alone is the typhoid bacillus to be considered in the bowel of the typhoid patient, but also the many other alimentary bacteria that take part in the attack on the human organism during this disease. If milk is the best food of intestinal bacteria during enteritis without typhoid mixture, then I see no reason why

it should be less favorable for their sustenance and propagation during enteritis caused by them and the typhoid bacilli.

Reflections of this nature caused me to try the possibility of feeding typhoid patients on a fluid diet not including milk. My first case so fed was under observation during October of 1889, and since then none of my typhoid patients have been given milk until the rectal temperature has been normal for at least two days. It was found at the beginning of the attack that plain cold water sufficed during the first twenty-four to forty-eight hours after the initial purge, although, of course, much depended upon the gastric condition of the patient. Then soups made of meat-broths, containing oatmeal, barley, rice and peas, strained, of course, and well spiced with salt and pepper; and after another two days lentil-soup and the yolk of a fresh egg added to the oatmeal, rice and barley soups, were given, so as to allow an adult one-half of a pint of two kinds of soup alternately every three hours, and smaller quantities to children according to age. Five meals in all were given during the day. At night only fresh, cold water was given, *ad libitum*, as well as during daytime, in the intervals between the meals. Five to fifteen drops of the diluted hydrochloric acid were given before each meal, unless hyperacidity prevailed. No other medication was employed, irrespective of the height of the temperature or the frequency of the stools. Alcohol was given in small quantities to habitual topers during the first few days, at night. Occasionally cold, strong, black, sugared tea was used as a stimulant.

In July, 1889, Backhaut, an assistant in Prof. Mosler's clinic at Greifswald, published a report (*Deutsch. med. Wochenschrift*, July 18, 1889) on the treatment of typhoid patients by rectal infusions of $\frac{1}{2}$ per cent. tannic acid solutions. The good results obtained were attributed to the germicidal action of the tannin. I ventured to suggest to Prof. Mosler, by letter, at the time, that the twice-daily executed cleanings of the lower end of the colon might be the cause of the observed beneficial effect upon his patients; and from that time on every typhoid patient under my care was given two to four rectal enemas of plain warm water daily. It was soon found that rectal tubes were harmful and unnecessary, and that if the

buttocks of the patient were but elevated upon the bed-pan, the water flowing gently from the fountain syringe, hanging about three feet above the patient, would dilate the lower colon sufficiently to dilute and carry off accumulated typhoid feces.

Furthermore, a short tip introduced through the sphincter ani cannot possibly reach typhoid ulcerations in the descending colon. Since the summer of 1889 these therapeutic measures have been employed by me in every typhoid patient in private practice as well as during my ten years of service in St. Francis Hospital in New York. In all 153 cases were treated in this manner. Seven cases ended fatally, of which three were brought in moribund and four had complicating bilateral pneumonia.

Results.—1. Delirium, headache, insomnia, nausea, vomiting and tympanitis usually disappeared within forty-eight hours of treatment.

2. Tympanitis, nausea and vomiting never developed in any patient, even when complicating pneumonia was present.

3. The fur on the tongue disappeared within a few days.

4. Appetite came frequently on the fourth day of treatment, even when the thermometer registered 102 degrees to 103 degrees F.

5. Even excessive diarrhea (fifteen to twenty-five daily stools) disappeared invariably within the first week of treatment.

6. In all uncomplicated cases the temperature began to decline within twenty-four to forty-eight hours after the beginning of treatment, and invariably would reach the normal figure within ten to twelve days.

7. In cases complicated by pneumonia, nephritis or phlebitis, when treatment began the temperature usually remained in accord with the inflammatory conditions found until these also disappeared, while the cerebral, gastric and intestinal disturbances usually subsided as rapidly as in the uncomplicated cases, excepting anorexia.

8. Complications, when not present at the start, were very rare, and then usually developed within the first two days.

9. Intestinal hemorrhage was noticed in three cases, none ending fatally. Perforation did not occur.

Final Remarks.—It was immaterial whether this treatment was begun in un-

complicated cases during the first, second, third or fourth week of an attack, for the above mentioned improvement always began within forty-eight hours, exactly like in gastro-enteritis. Cases coming under treatment during the first two weeks of illness usually presented more marked and rapid improvement during the first four days of treatment than older cases.

That milk given to a typhoid patient will cause a new rise of temperature after days of improvement on a soup diet, I have demonstrated time and again to my house-staff in the hospital.

Many of the pneumonia attacks complicating typhoid are due to secondary infection through the blood by organisms finding their way to the lung tissue from the intestine, like in the systemic infection of enteritis in children. By diminishing the quantity of absorbable toxic material in the intestine by appropriate diet and frequent rectal irrigations, we cut short the supply for systemic and pulmonary invasion, and materially aid the restitution of normal conditions.

Typhoid bacilli will readily grow in soup, but this food is so rapidly absorbed that in comparison to milk curds it cannot aid their sustenance long enough to injure the patient.—*Med. Review of Reviews.*

The Removal of Pelvic Inflammatory Masses by the Abdomen After Bisection of the Uterus.

Following is an abstract of an address delivered before the Southern Surgical and Gynecological Association, Atlanta, Ga., November 13, 1900, by Howard A. Kelly, M.D.:

I pointed out but recently (*Johns Hopkins Hospital Bulletin*, 1900, XI, 56, and *American Journal of Obstetrics*, 1900, XLII, August), the great advantages which accrue from the bisection of the myomatous uterus in the abdominal enucleation in certain complicated cases. I now desire to call your attention to the great value of a similar operation in certain cases of pelvic inflammatory diseases.

In the ordinary cases of pelvic inflammatory diseases, the ovaries are innocently and only accidentally involved in the inflammatory process, and as a rule one or both can be saved even though it is necessary to sacrifice the uterine tubes. If one ovary is saved, the uterus must also be

saved, as by doing this we conserve the function of menstruation, as well as the internal secretion of the ovary.

Where the ovaries are seriously involved in the disease, where they are converted into abscess sacs or into hematomata, or where they are so densely and intimately involved with the pelvic inflammation that it is utterly useless to save them, the removal of the diseased organs should be effected together with the uterus whenever it is possible in this way: by freeing the tube and the ovary on the least adherent side first, and then after tying off the broad ligament and pushing down the bladder, and securing the uterine artery, the most difficult side is easily reached and enucleated, by cutting across the cervix and exposing the opposite uterine vessels and ligating them. The uterus is then pulled up until the round ligament is caught and divided. At this point the operation may follow one of two courses according to the difficulties encountered; in the first place, if after dividing the uterus and pulling it up, the remaining tube and ovary can be readily enucleated by peeling them out from below upwards by working with the fingers in the lower and anterior part of the pelvis, just opened up by the detachment of the uterus, then the enucleation may be concluded by removing all the structures *en masse*. In the second place, if the tube and ovary on the far side are densely adherent and offer any serious difficulties in the enucleation, then I would clamp off the uterus at the cornu and remove it with one tube and ovary, and leave the more difficult side to be dissected out after emptying the pelvis, securing all the advantages of increased space and light.

It is my desire now to describe a method of enucleation through an abdominal incision which is applicable to a class of cases still more difficult than those just referred to. Let us suppose for example a case in which there are pelvic abscesses on both sides densely adherent to all the surrounding structures, including the uterus; we will also suppose that the uterus itself is almost or quite buried in a mass of adhesions. In such a case the plan I have just described in detail, is scarcely applicable, inasmuch as there is no easier side to begin on to start the enucleation, for both sides present the utmost difficulties.

Now, in such a case the method of a continuous transverse enucleation does actually afford us, it is true, a great advantage over the older method of going down on both sides, for the simple reason that the enucleation of one side, the farther side, is always easier in this way, even though the difficulties of the first side are just the same after either method.

If now I could devise any method by which the enucleation of both tubes and ovaries could be effected from below upwards, it is manifest that a great advantage would be gained.

The vaginal hysterectomists have thus far had a decided advantage over those of us who prefer to operate above the symphysis, in the greater facility of the enucleation of adherent structures when they are attacked in a direction from the pelvic floor upwards. I am now about to describe a method by which this decided advantage is secured and combined with the other great advantages of the abdominal route, that of increased room, and increased facilities of handling, abundant illumination as well as the detection of various complicating conditions.

The steps of the method are these: If the uterus is buried out of view, the bladder is first separated from the rectum and the fundus found. Then if there are any large abscesses, adherent cysts, or hematomata, they are evacuated by aspiration or puncture, and the rest of the abdominal cavity is well packed off from the pelvis.

The right and left cornua uteri are each seized by a pair of museau forceps and lifted up, the uterus is now incised in the median line in an antero-posterior direction, and as the uterus is bisected, its cornua are pulled up and drawn apart. With a third pair of forceps the uterus is grasped on one side on its cut surface, as far down in the angle as possible, including the anterior and posterior walls. The museau forceps of the same side is then released and used for grasping the corresponding point on the opposite cut surface, when the remaining museau forceps is removed. In this way two forceps are in constant use at the lowest point; I commonly apply them three or four times. As the uterus is pulled up and the halves are everted, it is further bisected down into the cervix, or if the operator desires to do a pan-hysterectomy, all the way down

into the vagina. The uterine canal must be followed, if necessary using a grooved director. The museau forceps are now made to grasp the uterus well down in the cervical portion, if it is to be a supravaginal amputation, and the cervix is bisected on one side. As soon as it is divided and the uterine and vaginal ends begin to pull apart, the under surface of the uterine end is caught with a pair of forceps and pulled up, and the uterine vessels which can now be plainly seen, are clamped or tied. As the uterus is pulled still further up, the round ligament is exposed and clamped, then finally a clamp is applied between the cornu of the bisected uterus and the tubo-ovarian mass, and one-half of the uterus is removed.

The opposite half of the uterus is also taken away in the same manner. The pelvis now contains nothing but rectum and bladder, with right and left tubo-ovarian masses plastered to the sides of the pelvis, affording abundant room for investigation of their attachments as well as for deliberate and skillful dissection; the wide exposure of the cellular area over the inferior median and anterior surface of the masses, offers the best possible avenue for beginning their detachment and enucleation.

The operator will sometimes find on completing the bisection of the uterus that he can just as well take out each tube and ovary together with its corresponding half of the uterus, reserving for the still more difficult cases, or for a most difficult side the separate enucleation of the tube and ovary after removal of the uterus.

The operation which I have just described is not recommended to a beginner in surgery; the surgeon who undertakes it must be calm and deliberate and must bear in mind at each step the anatomical relations of the structures.

The most critical point is the bisection of the cervix and controlling the uterine vessels; if the cervix is slowly and cautiously severed with a steady traction on the uterus under perfect control, there is no danger of seeing the organ suddenly tearing out with rupture of the uterine vessels and frightful hemorrhage. As the divided cervix is pulled apart, the uterine vessels are beautifully exposed and easily caught, only a clumsy operator will plunge his needle or a pair of forceps deep down into the tissues and clamp a ureter. By

cutting up the cervix so as to leave a sliver on each side the uterine vessels can be caught at a higher level than that of the division of the cervix.

If the uterus is densely adherent to the rectum all the way up to the fundus, a modification of this plan of operating may be followed; the anterior face of the uterus may be bisected and the cervix may be divided horizontally and the uterine vessels caught, then the rest of the uterus may be carefully divided up its posterior surface in a direction from the cervix towards the fundus. The relations to the rectum are examined as the division is made, and at any point where it seems necessary, a piece of the uterine tissue may be left adherent to the bowel. After the bisection the rest of the enucleation is effected as described above. — *Hot Springs Med. Journal.*

Traction of the Tongue.

Prof. Laborde read an account, at the meeting of the Académie de Médecine, sent to him by an army surgeon at Pekin, of the success he obtained by rhythmical traction on the tongue, in a case of apparent death. A soldier, during the attack on the French Legation, was shot through the neck, and at a distance of twenty yards. The ball passed through the thyroid cartilage on the left side, and went out at the base of the neck on the right side, but without wounding any of the important vessels of the region. The wounded man made a few steps and fell, and when he was brought to the ambulance he was in a condition of collapse and asphyxia. The pulse was steady and very slow, respiration almost suspended, face cyanosed, veins of the head and neck turgescent, eyes protruding from the orbits, while from between the half-closed lips trickled black blood. The jaws were contracted. Through a breach in the teeth the surgeon was able to pass in a forceps, with which he seized the tongue, and drew it forward with much difficulty. He then practiced the traction recommended in such cases by the speaker, and in three minutes the patient hiccupped slightly, and by the movement the finger of the operator was passed into the mouth and down to the base of the tongue. That operation caused vomiting, thus clearing the passages of about four ounces of

blood. The traction was steadily kept up for five minutes more, when the patient began to breathe freely. The cyanosis and turgescence of the veins quickly disappeared. An hour later the patient being able to speak, was considered to be sufficiently well to bear removal to the hospital, where he finally made a good recovery.

In commenting on the case, M. Laborde said that in all such cases the traction should be made with a sufficient amount of energy, so that the operator might feel he was drawing upon the root of the tongue without fear of causing pain, as in syncope or apparent death no pain is felt. The speaker said he meant in a future meeting to bring forward another series of cases (syncope from the presence of foreign bodies in the trachea, sunstroke, etc.) in which his method had been attended with the happiest results.—*Paris Cor. Med. Press and Circular.*

"Noiseless Milk."

A dairymen whose dairy was near Indianapolis was taken sick and went to the Hoosier capital for treatment, and, while there, lying in bed convalescing, he was greatly annoyed by being awakened at an unearthly hour each morning by the man delivering milk. This caused him to improve his convalescing hours by developing a scheme to furnish noiseless milk. As soon as he got well he had all of his milkmen shod with rubber-heeled and rubber-soled shoes, and rubber tires put on all of his wagons. He presented each one of his customers a rubber mat upon which to set the milk can by the door, so that there was no noise from that, and he had his horses all shot with rubber shoes, and then began to exploit his noiseless milk. The result has been immense. His business has quadrupled and his noiseless milk has gained great popularity.

There is a lesson in the above instance that I believe will be of great benefit. Let us all endeavor to reduce the noises of our cities. The rubber-tired vehicles have reduced greatly the noises on our streets. Many people are learning the personal advantage of wearing rubber-heeled shoes; this is materially lessening the street din. One physician in Los Angeles told us that his buggy with the rubber tires would last four times as long as one with metal tires.

We do not doubt this, and on the same principle we believe that the man or woman who wears rubber-heeled shoes will be protected and life will be prolonged, as is the life of the buggy with the rubber tires. The cement and stone walks of our city are not the walks that nature made for us. They are hard and unyielding, and every step is a shock to the human system, but with the rubber heels this unnatural inelasticity of the city sidewalk is counterbalanced and the person steps lightly and briskly along, feeling that it is a real joy to be alive. We believe that there is nothing more important for the American people than to overcome their general nervous condition, and the use of rubber heels is an important step in that direction.—*Southern California Practitioner.*

Goat's Liver for Night-Blindness.

The condition of acute or idiopathic night-blindness is one which is distinct from the well-recognized symptom of the disease known as retinitis pigmentosa. In night-blindness of the acute type, resulting, it may be, from exposure to dazzling sunlight or firelight, the peculiar visual defect of inability to recognize even large objects in imperfect light is attributed to inadequate adaptation power of the retina and the treatment usually advised is to place the patient in complete darkness, administer tonic medicines, and supply a full dietary. These remedial measures are said to occupy at least two or three months, but during the last few weeks it has been announced in India that Major Buchanan, I. M. S., has succeeded in treating twenty cases of genuine night-blindness with "great and immediate success." He found that by giving his patients daily eight ounces of liver (goat, sheep or ox) properly fried in oil, and spiced, a cure was effected in five or six days, improvement becoming evident as early as the second day. When Major Buchanan commenced the liver treatment his results were so unexpectedly good that he wrote to all his medical friends in India and asked them to give it a trial. In the course of a few weeks he received letters to say that the liver treatment had in like manner succeeded with their patients, and Major Buchanan is now endeavoring to make a glycerine extract of liver for the purpose of substituting it for the eight ounces of

liver rendered palatable to the patient by being fried and spiced, the wily native apparently making a pretence of suffering from night-blindness in order to secure an appetizing meal at regular intervals.—*Med. Press and Circular.*

Congenital Immunity to Syphilis.

Dr. George Ogilvie (*British Journal of Dermatology*, March), in a paper on this subject, says that from the evidence adduced the following conclusions may be drawn: 1. No facts exist to prove that paternal syphilis ever confers immunity, partial or complete, upon the offspring, no matter whether at the time of procreation the father is actually syphilitic or has become immune to syphilis by previous disease. 2. No facts exist to prove that maternal syphilis in its tertiary stage confers immunity, partial or complete, upon the offspring, or that the mother's immunity to syphilis acquired by previous disease is ever hereditarily transmitted to her child. 3. It seems certain that mothers syphilitic before delivery rarely communicate the disease to their offspring in extra-uterine life. Such contamination has been observed in some cases of postconceptional syphilis. Whether it ever occurs in pre-conceptional syphilis we do not know.

In post-conceptional syphilis also, two points have to be taken into this result: *a.* That it is exceptional for mothers with preconceptional syphilis, who gave birth to healthy viable children, to present infectious lesions after delivery, from which the child's infection could be derived. *b.* That infection by nursing, after the first year, from a woman's infection, is altogether exceptional.

In preconceptional syphilis also, two points have to be taken into consideration: *a.* That post-conceptional syphilis is relatively rare. *b.* That acquired syphilis appearing in the child after the second month of life may, in not a few instances, have been mistaken for congenital syphilis, simply because the mother's syphilis dated back to a period previous to delivery.

These circumstances, taken together with the effect of timely and appropriate treatment, may explain—to a certain extent, at least, he thinks—the child's apparent immunity from infection by its mother. Whether this explanation is altogether sufficient, or whether we have to

recur to the supposition of immunity to syphilis in the child, he is unable to say. This could be finally settled only by the comparison of large numbers of observations, which are at present unobtainable. If secondary syphilis in the mother confers immunity in utero on the child which escapes intra-uterine infection, such immunity appears to be neither constant nor lasting. To explain the so-called, "exceptions" by the late period of pregnancy at which the mother's infection takes place is, he says, an hypothesis not altogether consistent with the clinical evidence which it is meant to explain. Particular stress is laid upon this point by Hochsinger. But Finger's table of fifty cases of post-conceptional syphilis seems, on the other hand, to demonstrate that intra-uterine infection of the fetus may take place before the secondaries of the mother appear. There is no ostensible reason why the same should not apply to immunization, in particular if it is due to toxines, which in all probability would be present in the circulation before the appearance of the skin eruption.

The child's intra-uterine immunization by its mother's secondary syphilis he considers an interesting and ingenious theory not abundantly supported by facts. That such immunization seems to take place in some acute infectious diseases, either in utero or by suckling, does not, he thinks, materially enhance its probability with regard to syphilis.—*N. Y. Med. Journal.*

Syphilitic Affection of Arteries.

The peculiar importance of accurate knowledge in regard to the general paretic degeneration of neuro-vascular tissue following syphilis has led to painstaking researches in regard to this matter, with the result that it is now clearly shown that microscopically at least three different disease processes are to be found in the arteries of individuals afflicted with syphilis of the brain. In the straight arteries of the cortex and the arterioles derived from them we now learn that no form of specific inflammation is more frequent or more characteristic of the syphilitic poison than a diffuse peri-arteritis, particularly when it assumes, as it very frequently does, the aspect of a peri-arteritis nodosa. In the first stages the adventitia alone is involved, but the middle coat soon be-

comes infiltrated, as ultimately by cellular proliferation the inflammation reaches the intima. The lumen of the vessel is thereby reduced and eventually obstructed if the degeneration advances, but the innermost endothelial lining is not destroyed. The practical bearing of this from a clinical standpoint is that the inflammatory peri-arterial process may be extremely serious, and judging from the autopsies, it is more rapid in its effects and more deadly in its results than the so-called endarteritis of Heubner. The evidence of the truth of this view is contained in the fact that in nine recent autopsies upon cases of dementia paralytica of distinctly specific etiology, the adventitial alteration was found in all cases varying in degree from complete filling up of the peri-vascular space and infiltration of the adjacent nervous tissues to a much less pronounced form in which a cortical area here and there showed a decided degree of adventitial alteration. The whole case, however, is complicated by the fact that similar affections of the arteries are to be found accompanying other diseases than syphilis. They may result, indeed, from any prolonged irritation, as, for example, in intoxications from ingested chemical substances, in chronic uremia, or from the effect of a bacillary toxalbumin. For diagnostic purposes, therefore, it would appear that there is no form of arteritis peculiar to syphilis upon which one can rely implicitly.—*Med. Press and Circular.*

Influence of Alcohol on the Brain.

Mr. Victor Horsley (*Lancet*, May 5), reviewing the facts in regard to the influence of alcohol on the brain, shows that it is a depressant, though there may be a temporary increase of activity. From a scientific standpoint, he believes that it cannot be true that small doses of alcohol such as people take at meals have practically no deleterious effect. Total abstinence must be the course, if we are to follow the plain teachings of truth and common sense. It is the part of the scientist to point this out and the part of the politician to adopt it as a whole.—*Med. Times.*

RHUS aromatica is a valuable remedy for hemorrhage of the kidneys and bladder.
—*Med. Summary.*

Book Reviews.

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A Text-Book of Histology, including Microscopic Technique. By A. A. BOHM, M.D., and M. VON DAVIDOFF, M.D., of the Anatomical Institute in Munich. Edited, with extensive additions to both text and illustrations, by G. CARL HUBER, M.D., Junior Professor of Anatomy and Director of the Histological Laboratory, University of Michigan. Authorized translation from the second revised German edition by HERBERT H. CUSHING, M.D., Demonstrator of Histology and Embryology, Jefferson Medical College, Philadelphia. With 351 illustrations. Philadelphia: W. B. Saunders & Company; London: 161, Strand, W. C., 1900.

The subject-matter of this work was based upon the lectures and courses in histology as presented to the students in the University of Munich. The authors state that in the completion of this work they had the constant aid and advice of Professor von Kupfer. In this translated edition the text begins with an introduction to microscopic technique. A good description of the microscope and its accessories is given, followed by the methods in general use in the preparation of tissues for microscopic examination, such as fixing and imbedding, the use of the microtome and the formulæ of the various stains.

In Part I, which takes up general histology, the cell and tissues are described. The processes of nuclear and cell division are given a thoroughly scientific consideration. The varieties of epithelial and connective tissues, their origin and classification, are given considerable attention, especially the nervous tissue, in connection with which there are many excellent illustrations showing the motor and sensory nerve endings.

Part II is devoted to special histology, with chapters on the blood, blood-forming organs, heart, blood-vessels and lymph vessels, circulatory system, digestive system, organs of respiration, genito-urinary organs, the skin and its appendages, the central nervous system, eyes, organs of hearing, organs of smell and general consideration of special sense organs. Here again the nervous system comes in for the greatest share, as most important advances have been made in this department in recent years. The innervation of glands

and organs is a feature of this part, being entered into more fully than in the original work, and presenting to advantage the modern characteristics of this edition. The special technique found at the end of each chapter, giving the various fixing and staining methods for the tissue that has been considered, is a valuable guide to anyone wishing to do work in this line.

In the selection and preparation of the illustrations the sections in the collection of the histologic laboratory in Munich were used freely, with the addition of more than one hundred by the editor, mostly from original drawings. Taken as a whole, it is an excellent work, and should have a place in the library of every physician and student.

F.

A Guide to the Instruments and Appliances Required in Various Operations. By A. W. MAYO ROBSON, F.R.C.S., Senior Surgeon to the Leeds General Infirmary; Hon. Consulting Surgeon to the Keighley and Batley Hospitals; Emeritus Professor of Surgery in the Yorkshire College of the Victoria University; Member of Council and Hunterian Professor R.C.S. of England. Second edition. Two shillings and sixpence. Cassell & Company, Limited, London, Paris, New York and Melbourne. 1900.

This little book was written for the purpose of a guide in the author's private practice and for the use of his house surgeons and dressers at the hospital to which he is attached. He states that it cannot be complete for every surgeon, as some operators adopt different methods and use instruments not ordinarily required. He has therefore left a space at the end of each list for such additions as may be found necessary. The general requirements for antiseptic operations are considered, and also a reliable method of preparing catgut. Written by one of England's foremost surgeons, it will without doubt be of exceptional value to any one following surgical work.

F.

Appendicitis and Its Surgical Treatment. With a Report of One Hundred and Eighty-five Operated Cases. By HERMAN MYNTER, M.D. (Copenhagen), Professor of Clinical Surgery in the University of Buffalo, Buffalo, New York. Third revised edition. Philadelphia: J. B. Lippincott Company, 1900.

As a surgeon the author of this admirable little book leans toward the surgical treatment of the affection as the proper means of cure, though admitting that

many cases treated conservatively entirely recover. He very properly lays stress upon the fact that we do not know, as long as the appendix is in place, when another outburst of the disease may ensue.

The introductory chapter is devoted to the history of the affection, and is a most interesting study. In the chapter on etiology attention is called to Berry studies in animals, that the appendix is represented by a mass of lymphatic tissue at the apex of the cecum, and that its function is the production and exudation of leucocytes. It is suggested that the appendix is a sort of abdominal tonsil, and as such is predisposed to the same inflammatory attacks as occurs in mouth tonsils, especially of children. As regards classification, the divisions of a number of recognized authorities are given, followed by his own exceedingly simple yet complete division. The chapter on diagnosis is one worthy of repeated reading. The author has very modestly placed his own cases at the end and discussed them in a few pages, so that the book is in no sense an attempt at self-exploitation, but a dignified and complete résumé of a most important surgical question, though it must be confessed that one is as much in the dark as before as to the propriety of when to resort to surgical interference.

M. A. B.

Olive Oils in Painful Affections of the Stomach.

At the Paris Congress a number of German observers had called attention to the value of olive oil in certain painful affections of the stomach. From three to ten ounces of the oil were given in the twenty-four hours. It had been found especially useful in cases of gastric ulcer. It had been stated at the congress by one speaker that morphine was contraindicated because it was excreted largely through the stomach, and this led to an increase of the gastric acidity. However, atropine could be used with benefit.—*N. Y. Med. Record.*

SUBMERSION of children with fever in a warm bath for several minutes frequently will give relief which is invariably satisfactory.—*Med. Summary.*

SULPHURIC acid lemonade should be used by painters as a prevention and cure of colica pictonum.—*Med. Summary.*

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

JANUARY 12, 1901.

WHOLE VOLUME LXXXV.

A STUDY OF NOSOLOGY AND ITS RELATION TO TREATMENT.

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In medicine, as in all science, we sometimes find by looking over the past that many important things have been neglected. It appears that in our *mad* rush after something new, some of this energy could be used to a good advantage by endeavoring to call for a reconsideration of the *old*. If a class of men are started on the right road, as a rule, they end well; but if, on the contrary, they should be placed on the wrong way, as a result there is much misunderstanding, disappointment, and in the end a return, and a new start is demanded. So it is in medicine, many are traveling over the wrong road. To convince ourselves that this is true, we need but study our surroundings, and compare the present conditions with those of the past. One great trouble is that we have too long trusted to what we term "authority," or, in other words, we have been wedded to authority. It is very well and good to have individuals we can trust to write and instruct us, but not to think for us. "Celebrated physicians influence the progress of their science by their writings and oral teachings. Their lives often offer models for imitation, and sometimes, also, faults and errors to be avoided." It becomes our duty to study all things, and so analyze every question that an original opinion of our own shall exist by such reasoning.

From the earliest history we have had what we could term triflers in medicine, men who were not sincere and seemed pleased when they were slandering their own art. We should ever keep in mind that "in order to study and practice medicine in a *proper* manner it is necessary to be impressed with its importance; and to be so impressed we must believe in it."

As Renard says: "It is evident, indeed, that the practitioner who has no faith in the efficacy of his art cannot devote himself to the study and practice of it with the necessary zeal and perseverance." At the present time we are forced to acknowledge that our profession is overrun with the *faithless* men who do not hesitate to say there is nothing in a cure. They labor day and night to discover some germ, and give long accounts of some discovery in nosological¹ pathology, but when treatment is mentioned they smile and say: "I have no faith in cure." These individuals should remember that we are in the eyes of men sustained by our ability to cure. They should also remember that the true science of medicine teaches not to attempt to cure names, but diseased conditions. As for true scientific therapeutics, it cannot be doubted but that it is the essential part of medicine. We have in the past left the true practice and have too long followed the untrue. Our treatment has been based on nosology, not on the principles of medicine. We have looked upon a group of symptoms as a morbid entity, and endeavored to remove this something from the body. If we stop to think, how plain it is to us all; disease is a departure from health, a method of life under difficulties, a lowering of vitality. Our desire and the patient's need is for restorative medication. We want a renewal of life—a form of treatment that assists nature in its efforts to once more cause the destructive and constructive forces of life to become equal.

It cannot be denied but that the common practice now in vogue is a treatment aimed

¹ I use this term for the want of a better.

at a name; the question even of individualization has been ignored. This is due, no doubt, to the system of teaching now followed. In this article I will endeavor to show that we are following a false system, and that even the originators of nosology, if we trace history back far enough, never intended for treatment to be based upon such a classification.

In order to accomplish my aim I will frequently quote from different authorities, and I will ask my readers to be tolerant with me, my excuse for so doing being for the most part to demonstrate the lack of attention writers on medical topics have manifested on this important point. I do not wish to be understood as opposing a classification or the grouping of symptoms for convenience, so that we can express many symptoms in a few words, but I do enter a plea against the common practice of looking upon a name as a morbid entity, and medicating such.

As far as therapeutics is concerned, nosology has been an injury instead of a benefit to its growth, and will continue to be just as long as we tolerate such an inexact method.

From what we can discover, nosology was the natural result of need. With a number of pathological descriptions collected, the embarrassment of such an accumulation was realized, so it was necessary to arrange the symptoms into groups, and in this way much could be expressed in a few words. This we can find no fault with, but in some manner the careless observer, forgetting the purpose of the system, plunges into a consideration of that which, in fact, did or does not exist—namely, morbid entities—and as a result this easy method of practice—prescribing a thing for each named disease—became the custom; being easy, the majority, of course, would readily accept it.

"The plan suggested to minds of observers was to take account of all the symptoms that presented themselves in the course of the disease, and to record them in a regular succession as they appeared. According to this plan a great number of nosological tables were formed. So that for any disease a comparison of the phenomena that appeared was made with the symptomatic tables that had been framed, and from this comparison an appropriate treatment was deduced. This method, which appears, at first sight,

so natural and exact, is, at bottom, *extremely defective*. In the first place, it has the serious inconvenience of attributing an equal value to all the symptoms, while daily observation proves that notable differences exist. In the second place, a long enumeration of morbid phenomena, recorded one after another, without choice or discernment, is no more a portrait of a disease than colors thrown at hazard upon the canvas that of a person sitting for a likeness. Lastly, all classification of diseases becomes impracticable on this plan, for, before attempting a work of this kind, it is necessary to inquire how many analogous symptoms would be required to place two affections in the same class, and assign them a like treatment. It would be absurd to attempt to answer the question." (Renard's History of Medicine, 1856.)

It must be admitted that even if we have extreme precision in diagnosis, and if we do notice similarity in two diseased conditions, a treatment that is a success in the one may fail in the other; then it becomes our duty to inquire into the cause of the failure. For example, the routinist, in attending a case of bronchitis, would give his favorite formula, while the scientific physician would explore all the viscera and functions of the body, and if possible would endeavor to associate the disease processes with the action of the drug administered. We should keep in mind that individuals differ from each other; their general make-up is of a structure very complicated. You cannot find two individuals in circumstances precisely similar. They differ in energy, constitution, temperament and in habits. So it is easy to see the impossibility of applying a treatment to any class of individuals by grouping these symptoms, and prescribing for the name. Nosology forces this group to remain under.

The claim might be made that I would destroy the beautiful study of nosology just in order to advance therapeutics. This would not be required; our nosology was originated, not for treatment, as many think, but for the convenience of communication. All followers of our art wish to cure the sick. No branch of medicine can equal therapeutics, for, in fact, "everything in medicine is connected, or should be connected, with therapeutics. Anatomy, physiology, pathology, etc., must all converge toward therapeutics as a

common centre. Each of these has an effective value only in proportion to the succor it gives in the treatment of diseases. This is a truth which needs no demonstration. It is barely necessary to announce it; nevertheless, it has been forgotten, or mistaken sometimes by eminent minds." Many of the most eminent observers in the past have felt the errors of this mode of practice. As far back as Hippocrates we even find this man, who we term the Father of Medicine, entering a protest against such a system. Enthusiasts, in studying anatomy and physiology, at times would lose sight of therapeutics, and would attach too much importance to details that were of no interest to the practical physician. "We see the blind partisans of another school attach such a high interest to the determination of the anatomical lesions whose traces are seen after death that they lose sight of the treatment, or say a word about it, for form's sake, and occupy themselves exclusively with the alterations observed in the dead body. It is to the zealots of this school that the sentences of Asclepiades may be justly addressed: 'Your medicine is only meditation on death.'" The many branches of our art can be of use only to the extent that they assist us in our treatment. I say diagnosis and prognosis is of no use unless it be by improving and rendering our treatment more efficacious.

"Therapeutics is the cap-stone of the science, the criterion of the real progress of the art." If our present system of classification should interfere with its development it becomes our duty to form a different one. Many seem to think that there is only the one form of nosology, when, in fact, history shows us that there has been many. The hospital porter may divide the cases to suit his convenience; the surgeon, the physician and the anatominist the same. Some might use Sauvage, or the classifications of Linnaeus, Vogel or Lagar, which are all artificial forms. Cullen's was more simplified; he condensed all diseases into four classes — pyrexiae, neuroses, cachexiae and locales. The followers of the present system of nosology have no more right to endeavor to form a system of therapeutics on this present form in use than another person would have to endeavor to form one on any of the ancient forms mentioned. We should keep in mind that "diseases are

generally too compound to admit of being classified according to their elements; they commonly comprise several pathological elements." A successful treatment can only be based upon a knowledge of physiology. We must understand the functions of the healthy body, so if there is a change we can at once detect it. "Disease has certain expressions, which we call symptoms, as health has certain expressions." It is these disease expressions we wish to study and endeavor to use our treatment accordingly. This is not a new system of cure, for from the earliest history in medicine we find this acknowledged as the only proper mode of cure. So much is taken for granted in medicine. The average student or practitioner knows very little about the principles of medicine; in fact, they are blameless, as it is not taught, and I know of no book¹ now in print on the subject.

The custom so long followed by our ancestors in medicine, to look with suspicion upon all discoveries made in this country, no matter how reasonable, but to accept all made in Europe, no matter how foolish, has been very injurious to our growth. We should remember that "while age matures and ripens, it also causes decay." The continental universities have degenerated. The study of pathology, the contemplation of abstract diseases, as entities separate from life, has led them into false views and corrupt practices. One writer says: "It is asserted that the average physician knows very little that is practical and useful. That he makes no attempt to study and make progress in his vocation. That he does not try to comprehend the constitution, temperament, and character of his patient in order to prescribe intelligently the drugs and manner of life which will benefit that particular individual, but adopts the prevailing fad or fashion in medicine, and advocates it indiscriminately in all cases, regardless of circumstances or conditions."

It must be admitted that even in the days of Cullen the practice of medicine was an arduous study. So what can we expect to-day, when the diseases of Cullen's nosology have been doubled; the student, crammed full of this nosology, goes to the bedside, confused and bewil-

¹ I mean by this there is no book in regular medical literature. Scudder, Eclectic, has a book on Principles of Medicine, I understand.

dered; failing to be able to use his knowledge, he falls into a routine of empirical practice. We must face these facts, and even the most scientific must admit that with all our attempts at perfection, medicine resolves itself into simply a study of *general pathology*.

In a recent address, Professor Clifford Albutt condemns that conception of disease which would regard it as a morbid entity and as a thing to be studied by itself. He says: "There is no such thing as morbid entity; the term is founded upon conceptions which have long ago become, in other subjects, entirely exploded. Disease is merely a state in which the human body happens to find itself at one time as opposed to the state in which an average man would find himself at another time." There is the same sort of difference between a healthy man and a diseased one as there is between a cold poker and a hot one. "Not only has disease no independent existence, for it is merely a state of a particular man, but there never was two diseases alike. Disease exists because there is something less than there should be in function, some defect in the system of movements and functions. By the word disease is meant nothing more than that, on a fairly rough average, a particular disease is a group of symptoms, and to such *fictitious* groups, various names, for convenience, have been arbitrarily applied." Another writer, whose name I am not able to give, says: "The chief point to be borne in mind is that these apparently perfectly well-defined types of disease may be present at different times in the same patient, and may, and frequently do, coexist at special times. This is important from a *therapeutic standpoint*, because a patient may derive benefit from a certain treatment at one time and fail at another time, when conditions are different, of which conditions, however, he has no means of acquainting himself, and he jumps to the conclusion that the remedy must be at fault. It is obvious, therefore, that it is just in the appropriate adjustment of the remedy to the *actual morbid* condition that the physician demonstrates his knowledge of therapeutics and shows his skill in his art, and it is only by the careful study of *each case* that such an understanding may be gained as will lead to a successful result." An investigation into the true principles of

medicine cannot fail to convince that a true and successful treatment can be accomplished only by ignoring nosology as commonly taught. As Chambers has said: "Our body is a harp of so many strings that all sorts of discords may arise out of its combinations. These discords have received much attention from minds with a taste for order; they have been classified into groups; and if, unfortunately, the orderly mind was afflicted with a theory, sadly have facts sometimes suffered by the procrustean bed of a *nosology* into which they have been forced. 'A disease,' under their manipulation instead of being a mode in which life is deficient, becomes an actual motive power; the giving it a generic and specific name links it in our minds with the subject of a naturalist's studies, and we get to clothe it in individual characteristics, and to assign to it individual actions. The consequences in science *have been most fatal to true progress.*"

Disease is a departure from health, and physiological medicine is the crying need. In medicine the slavish obedience to authority has prevailed too much. We should remember that the despotism of Galen ruled for no less than fifteen hundred years, and no writer dared to assert that the practice was not correct. It becomes our duty to test our authority, and if we do, it will be frequently discovered that our authority has been a false one, and has lead us astray.

In the practice of medicine we must, if successful, be governed by the rules of good judgment. To base a treatment upon a name, and to be constantly striving to discover a substance that will cure that name or collection of symptoms, cannot help but appear to any man as fallacious in the extreme. Even those who are the strongest in advancing a nosology cannot agree in their opinions; they are confused, indefinite and contradictory. "Nosologists and other systematic writers have differed very widely amongst themselves in regard to what should and what should not constitute a separate disease" (Bartlett). If this be true, I ask you, what sane man will ask those who wish to cure the sick, to treat according to some name, when even they who advocate the system cannot agree upon what name for a certainty should be used? I say, without hesitation, that if such a system of thera-

apeutics is correct, we have no authority to assail the "patent medicine evil," for is this not a treatment of disease by name? May we not be responsible for the laity having the opinion that disease is a "morbid entity," and that Dr. Shaker is a fine physician because he has old Dr. Small's typhoid fever cure?

I am sure all will agree that the proper and scientific way to practice medicine is by meeting the diseased condition and correcting it with the proper remedy or remedies, no matter if the collection of symptoms be classed as typhoid fever or pneumonia. A drug that will control or cure a certain condition, used according to this pathology, will do so at all times. So by this investigation we are acquainted with the fact that we have *anosological diagnosis* and also a *therapeutical diagnosis*. The last is the one required to obtain sure results.

"The paramount importance, in practical medicine, of as complete and positive a knowledge as is attainable of all the circumstances which can influence disease, so far as the effects of remedies upon them is concerned, is so obvious that I need not insist upon it. This knowledge is, indeed, absolutely more essential to the safe and proper management of disease than *nosological diagnosis* itself" (Bartlett.)

By the close study of each individual case, being governed by the principles of medicine, we treat our cases with better success, striving in all cases, of course, to reach the basic lesion. In this way our practice approaches nearer a science.

"If experience has taught us to reform our practice, should it not teach us to reform our theory, too?" (Chambers). Our aim is to restore the structure and functions from their pathological state to a physiological condition. To do this we need but keep in mind the great fact that certain substances we call remedies have certain powers to control certain conditions, and, of course, this requires a close study of direct medication. Our mission in life is to cure, it matters not how brilliant the theory, nor whether it be of European origin or not. If we cannot cure we have failed to accomplish the desired end. We must restore this disordered body to its natural state. Then may we not justly claim that other branches of our science must give way to therapeutics?"

AN EASY METHOD OF DEMONSTRATING THE PRESENCE OF THE TUBERCLE BACILLUS.

BY C. LEE GRABER, M.D.,
MT. EATON, O.

The object in writing this article is to call the attention of busy practitioners to a very simple, easy and inexpensive method of demonstrating the presence of the tubercle bacillus. The writer claims no originality in this, and has no "pet" to launch.

Often after making a careful physical examination of a patient and taking into consideration all the associated data, we are still in doubt as to the presence or absence of tuberculosis. There is no doubt that much valuable time can be gained and many more lives of tuberculous individuals saved by the early microscopic confirmation of a diagnosis of tuberculosis.

Now, in our hospitals, if well equipped, and in our larger centres of population where bacteriological laboratories and means for careful microscopic work are established and maintained, physicians ordinarily experience little trouble in having their work done satisfactorily. But to the average country doctor these conveniences are only a dream of his college days. It is for him that this is written. It is presupposed that some time in his senior year he has supplied himself with a good one-twelfth inch oil-immersion microscope with the usual attachments and modern improvements. Of course, he is well trained in the use of it. In all probability he also takes with him a bottle of some highly recommended *double stain* for the tubercle bacillus. Great is his zeal if at the end of a year in active practice he takes any pleasure in using his microscope as an aid in diagnosis, for by this time he has learned that it is a tedious job, often attended with circumstances not conducive to the maintenance of a desirable state of temper. He also will have stained his fingers and instruments more than the elusive bacilli.

Following is a cheap, convenient and reliable stain, which even the busy and otherwise hampered country physician can use to decided advantage and with a great deal of satisfaction. He can make his own solution even more satisfactorily than he can have it done for him by some one else.

Fuchsin (dry),	0.50 gm.
Carbolic acid,	2.50 gm.
Alcohol,	5.00 c.c.
Distilled water,	10.00 c.c.
Mix.	

Mount the specimen, dry, and fix; then with an ordinary medicine-dropper completely cover cover-glass held by small pair of forceps over flame of an alcohol lamp, replacing from time to time what is lost by evaporation so as not to let the specimen get dry at the edge. Steam in this way for *one minute*. Wash at once in *water*. This can be nicely done by holding cover-glass under the tap or by moving gently back and forth in a vessel of water. Dry and apply the following:

Methylene blue (dry)	2.00 gm.
Sulphuric acid (U. S. P.),	24.50 c.c.
Distilled water,	73.50 c.c.
Mix.	

This is to be applied in same manner, except that no heat is used and the time should be from thirty to sixty seconds. The writer has found fifty to fifty-five seconds to be about right, as a rule. If stained too much or not enough, modify accordingly the time of second staining. Wash in water as before, dry, and mount. This process takes but a few minutes and is very satisfactory. The tubercle bacilli are stained a bright red, all other substances blue.

If in this article anything has been said to make easier and more satisfactory the work of a professional brother, the object of the writer has been attained.

All That is Necessary.

The American Association for the Advancement of Science says the following lines are all that is necessary for the physician to learn in order to prescribe in the metric system :

1,000 milligrammes make one grammme.
1,000 grammes or cubic centimeters make one kilo or liter.

65 milligrammes make one grain.

15½ grains make one grammme.

31 grammes make one ounce, Troy.—*Dietetic and Hygienic Gazette.*

SILVER leaf has been used in the Johns Hopkins and Bellevue hospitals as a dressing for burns with satisfactory results.—*Med. Summary.*

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of November 26. 1900.

THE PRESIDENT, C. L. BONIFIELD, M.D., IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

Specimens of Gall-Stones.

DR. RUFUS B. HALL: The patient from whom these stones were removed is a married woman, about thirty-seven years of age, the mother of thirteen children, the youngest being seven weeks old. She was referred to me by Dr. H. A. Snorf, of Ansonia, O. Her husband had a serious illness (I think it was typhoid fever) and she exerted herself considerably in nursing him. Suddenly, five weeks ago, she was taken ill. Following this she had attacks of supposed neuralgia of the stomach, in a day or two chill followed by repeated chills, and in the course of a week after her illness commenced she had a chill every twenty-four hours or more frequently, followed by profuse perspiration. At this time there was also an enlargement in the upper part of the right side of the abdomen, extending down three to five inches below the cartilage of the ribs. When she entered the Presbyterian Hospital, a week ago this morning, she was delirious at times, with a very rapid pulse, from 150 to 160, and with profuse perspiration. She had a chill soon after entering the hospital, and her temperature went up to about 105°. Her temperature varied from 101° to 105°, up and down, during the three or four weeks prior to her entrance into the hospital. The tumor in her right side was almost as large as an adult head. Without any doubt there was an abscess present somewhere, but as to whether it was an abscess of the liver or a suppurating gall-bladder, I was uncertain. I aspirated the abscess almost immediately after she entered the hospital, and within twelve to eighteen hours after this her condition was very much improved. She was perspiring less and could answer questions at the end of fifty hours intelligently. I then operated upon her and removed something over 870

stones. The gall-bladder had suppurated, and when I drew off the pus with the canula I could readily feel the gall-stones in the bladder. The patient is doing well.

A Case Illustrating the Effect of an Enlarged Bronchial Gland in Producing Cough and Dyspnea.

DR. J. L. CLEVELAND: The subject of this sketch, a favorite house dog, thirteen years old, first showed signs of distress the first of last May. The first symptoms observed were violent and persistent attacks of coughing, with unavailing efforts to get rid of something that seemed to be lodged in the air-passages. The indications seemed to point to a foreign body lodged in the larynx. The larynx was thoroughly explored with the finger with negative results. This can easily be done in the case of a dog by improvising a mouth gag to protect your hand. Any effort or an attempt to bark would bring on a cough; this cough was characterized by the apparent absence of any irritation and the unsatisfactory nature of the cough. There were no pulmonary râles, nor discoverable evidence of respiratory obstruction or irritation.

In June it was evident that there was dyspnea; there were no râles to be heard, but there was evident difficulty both in inspiration and expiration. The dog presented the appearance of asthmatic breathing. The dog being thirteen years old, I thought that probably a fibrous degeneration of the lungs had taken place incident to age, and that that accounted for the cough and asthmatic trouble. With the exception of the pulmonary trouble the dog appeared to be perfectly well and sprightly. This went on as described above without much change during the whole summer. Dyspnea was not always present; then again it would come on and appear to be almost spasmodic. At times I thought that the changes in the weather influenced the attacks, and I am not sure but what they did. Between attacks she would appear to be quite well, with the exception of the empty cough, which was always easily excited.

During September and the first of October her condition grew worse; the dyspnea became continuous, which, combined with the cough, was often distressing. The pulmonary symptoms had become more pronounced; respiration was

rapid and shallow. There was flatness and tubular respiration on the left side; on the right an abundance of mucous râles. On the 10th of October she died of apnea. At the post-mortem I found the left lung consolidated, pneumonia, no tubercles; the right lung full of mucus and one lobe collapsed.

As an explanation of the condition that I have described I found an enlarged bronchial gland, the size of a large hickory nut, just behind the trachea at the bifurcation, which readily encroached upon the calibre of the trachea, on account of the absence of the cartilaginous on the posterior aspect of the trachea at this point.

Uterine Fibro-Cystic Tumor.

DR. E. GUSTAV ZINKE: The first specimen is a fibro-cystic tumor of the uterus, which, in its clinical aspects, resembled somewhat a pregnancy. The physical character of the tumor, when the abdomen was opened, was that of a pregnant uterus, both in color, consistency and shape. But because of the history of the case, regular menstruation, slow and steady growth of the tumor, absence of fetal movements, fetal heart's impulse, as well as all other symptoms of pregnancy, I proceeded to operate. Opening the abdomen and allowing the tumor to come plainly into view, it presented such a striking picture of a pregnant uterus that I felt considerable uncertainty concerning its real character. I hesitated and waited for a contraction. This failing, and mindful of the history of the case, I put the corkscrew into the mass and pulled it out of the incision; I was then satisfied it was a fibroid tumor. Unfortunately, the pathologist has split the specimen into several pieces, but you will see in this portion here the number of cysts it contained. The operation was performed two weeks ago last Saturday, and there has not been an untoward symptom since.

Multilocular Ovarian Cyst.

I have here a multilocular cyst of the ovary with a pedicle of nearly thirteen inches in breadth. It extended all over the base of the tumor, and you can trace it from the fimbriated extremity of the tube clear over to the other side. The rest of the broad ligament is very well shown. There is nothing unusual about the tumor; probably there is papillomatous degenera-

tion within some of the cysts it contains. I do not think there is much danger that it will recur on this account. The operation was not a difficult one. The woman is fifty years of age, and, with the exception of the tumor, in fair condition. The operation was performed two weeks ago to-morrow. The stitches were removed on the sixth day. Union by first intention throughout. Patient is virtually well.

Case of Asphyxia Neonatorum Due to Application of Forceps to the Head.

Permit me to report an experience I had yesterday morning. Asphyxia neonatorum resulted from the use of the forceps to the head. The mere application of the instruments was sufficient to excite respiratory movements on the part of the child. The mother was a primipara, aged twenty-seven. Labor commenced about 4 o'clock in the morning. I arrived on the scene about 7 o'clock A.M., and found the os dilated nearly one-half its full extent. The membranes formed nicely. Vertex presentation; first position. The labor progressed normally with the exception that the "pains" were very annoying and exhausting. The patient complained bitterly and was irritable. After the os was fully dilated, I ruptured the membranes, and expected labor to be completed in a short time. As soon as the head touched the perineum it became arrested, and there was no further progress for more than two hours. The suffering had become so intense that I concluded to apply the forceps and deliver. The introduction and application of the forceps was easy. As soon as the uterus contracted traction was made. To my surprise I felt a distinct and sudden movement of the head, and then another, when I relaxed my efforts and watched for further developments. The movements impressed me as though due to attempts at respiration. The movements were repeated three times while I held the instruments loosely in my hands. The motion was so distinctly conveyed to the handles of the forceps that they were readily noticed by my assistant, who gave the chloroform, and by the husband and nurse who sat by the sides of the patient and whose attention I called to it. As the child was in evident danger, I delivered it as rapidly as the circumstances would permit. The child was born asphyxiated, having drowned in the

amniotic fluid, which was mixed with blood and meconium. After cleaning the air-passages the child was successfully resuscitated within thirty minutes, and is apparently doing well to-day. This is the first time, in my own experience, that I have had the function of respiration excited by the mere application of the forceps to the head. At first it occurred to me that a loop or portion of the funis might have been caught between the blades and the head. This proved not to be the case. When the head was born I found one coil of the cord tightly around the neck of the child, showing that it could not have been loose enough at any stage to permit it to fall within the grasp of the instrument.

Exhibition of Specimens.

DR. CHARLES L. BONIFIELD: Gynecological specimens have been presented to the Academy so frequently during the last few years that a majority of you have lost all interest in them, and I see an expression of weariness on the faces of many when a gynecologist takes the floor to exhibit the evidence of his prowess. For this reason I did not intend presenting the two I have here, but after seeing those shown by Dr. Zinke, I thought these might be of some interest as showing a more advanced stage of the same conditions, and I telephoned for them to be brought.

One of Dr. Zinke's specimens was a fibroid uterus in which cystic degeneration is beginning. If you will look closely at this cyst wall you will see that it is made up largely of muscular tissue. This tumor was originally a sub-peritoneal myoma, but it had undergone cystic degeneration to such an extent that fluctuation could readily be obtained through the abdominal wall, and I diagnosed an ovarian cyst. This is the uterus from which it developed. You can see the ligated pedicle here on the fundus. Both ovaries and tubes are normal, but in the posterior wall of the uterus is another fibroid, and on this account the uterus was removed. I usually make the supravaginal operation when doing hysterectomy for fibroids, but the cervix of this uterus was so elongated that it protruded through the vulvar orifice. I therefore, as you all see, did a pan-hysterectomy. The patient is convalescent.

Dr. Zinke's second specimen was one of ovarian cyst, the contents of which had not been evacuated. He told you that

I believed it to contain papillary ingrowths. Here is a tumor that is strikingly similar to it, except that it has been evacuated, and I now turn it inside out that you may see the papillary growths. If these papillary growths escape into the peritoneal cavity, either by growing through the cyst wall, as they sometimes do, or through carelessness of the operator in evacuating them after the abdomen is opened, they infect the peritoneum, and in a few months it will be studded with such growths and death will ensue. This is a strong argument against tapping an ovarian cyst for temporary relief, for one can never be sure that he has not a tumor of this variety with which to deal.

These papillo-cystomata originate usually in that part of the ovary next to the broad ligament, and very frequently develop between its folds—intraligamentous cysts. One should always expect this kind of tumor when he finds he has an intraligamentous cyst with which to deal, and take every precaution to prevent the escape of its contents into the peritoneal cavity. This tumor did not develop into the pelvis to the extent that many of them do, but extended up behind the peritoneum, separating the folds of the meso-colon.

Dr. Wallingford, of Covington, for whom I operated on this patient, diagnosed an ovarian cyst over a year ago, and advised an operation. She would not have it performed, and only came under his care again last week after having tried Osteopath, Christian scientist, and other fakes. She is making a smooth recovery.

DISCUSSION.

DR. EDWIN RICKETTS: As to Dr. Hall's case: From this patient he removed something over 850 gall-stones, and if I understood the doctor correctly, he said that the woman had no jaundice; she had had attacks of neuralgia of the stomach. We see what an enormous number of gall-stones may be present and yet there not be any jaundice. The medical literature upon gall-stones will have to be rewritten as to the diagnosis of neuralgia of the stomach, of cancer of the stomach, of cancer of the liver, and cancer of the pancreas. In this case Dr. Hall removed from one-half to a pint of infected fluid before the gall-stones were removed, which goes to show what a serious condition

may be present and yet not be diagnosed for years and years.

As to the papillomatous specimens exhibited by Dr. Bonifield and Dr. Zinke. I want particularly to call attention to the utter folly of attempting to tap a cyst of any kind before the abdomen has been opened: Those of us who do operative work of this kind know that in these papillomatous cases there is nothing quite so dangerous as coming from possible secondary infection in the abdomen as to tap a cyst of this nature before the same has been opened. Once in a while we find ovarian cysts which have been tapped for the relief of the pressure, and also of the patient's mind, but it is a procedure which should be roundly condemned, and should never be practiced in this day.

The specimen presented by Dr. Zinke, which was removed by a supravaginal hysterectomy, is a very interesting one, and I can imagine with what difficulty he was confronted in determining whether he had a fibroid tumor or a pregnancy to deal with. When the cysts, simple or papillomatous, are so large that it is impossible to get them out of the abdominal cavity they may be tapped, after the abdomen has been opened, but we should be very careful that none of the fluid escapes into the abdominal cavity, and this can be done by exercising due caution.

DR. CLEVELAND: I would like to make a few remarks in reference to gall-stones, not, however, from a surgical standpoint. Dr. Hall's case suggested to my mind how much we are indebted to the surgeons in gall-stone operations, but notwithstanding so much has been done by surgeons in this line, still the clinical aspect of gall-stones is sometimes decidedly obscure. This fact has been emphasized in my mind in reflecting upon a case which occurred in my practice some ten years ago, before operations for gall-stones were as frequently made as they are now. This case I watched through some two or three months. The patient had an intermittent fever, the worst case I ever encountered. I treated it with quinine until I was satisfied that quinine would not control it. I tried arsenic, but without avail. In this case there was no jaundice, no enlargement over the liver, no tenderness. There was present a gastro-intestinal catarrh such as might have been present in almost any fever. I suspected abscess. I could

not outline the gall-bladder. My patient went on from worse to worse, and eventually died. Being a hospital case, I had an opportunity of having a post-mortem, and, very much to my surprise, I found the gall-bladder loaded with gall-stones. I do not know how many, but there were no symptoms of them at all. Of course, what has been known since then in regard to the purulent infection of the gall-bladder might make us less liable to mistake, or, at any rate, an irregular intermittent or remittent fever, without the plasmodium or without apparent cause of sepsis, even though there were no convincing symptoms of involvement of the gall-bladder, might justify exploratory section. The fact that we have gall stones without symptoms and symptoms of gall-stones without gall-stone, only illustrates what we know, how obscure the subject may be at times.

Specimen: Lung.

DR. W. D. HAINES: I have here a specimen which is the right lung, and interesting in consequence of the following features: The upper lobe is in a state of complete collapse, the lower is the site of an acute pneumonia.

I was asked yesterday by the Coroner to make a post-mortem examination, and called Dr. F. L. Rattemann to assist. We had no history of the case. The body was at the Morgue, and the responsibility of finding a cause for this man's death was incumbent upon the examiners. The man in charge of the institution said the corpse had been at the Morgue since 9 o'clock in the morning. When we saw it, between 3 and 4 o'clock P.M., the body was quite warm, especially about the neck and over the apices of the lungs. An attempt to ascertain the temperature failed in consequence of the thermometer not having been registered below 95° F. in its construction. Rigor mortis was absent. Post-mortem staining along dorsal surface was well marked. We examined the viscera of the abdominal cavity, and except a somewhat enlarged and congested kidney found nothing that would satisfactorily account for the man's death.

With the viscera removed from the abdomen a protrusion of the diaphragmatic wall for a distance of three inches in the left hypochondriac region into the abdominal cavity was observed, and proved to be

due to a large quantity of muco-purulent fluid in the left pleural cavity. The quantity of fluid was estimated at two to three quarts, and its pressure had displaced the heart, vessels, etc., to a considerable degree. The mural and parietal pleura were almost completely destroyed by the pathological process, which we regarded as tubercular, there remaining but a vestige of the former anatomical structure. This was a large pus cavity, and the pressure from within had been slowly destroying the adjacent tissues preparatory to spontaneous evacuation. The condition of this cavity was evidently of long formation, and would probably have continued for years save for the pneumonia.

The history of this man, as developed at the inquest on the day following, was as follows: The man was working in the ditch on Plum street last Thursday. Friday night he was not feeling well, but insisted that his wife should not call a physician. His wife, however, did not heed this protest, but called in a physician who told them that the patient should be rubbed with turpentine and he would be all right. Early Sunday morning, at 3 A.M., the man had occasion to go to the closet. He returned to his bed and a few moments later it was discovered that he was dead.

Report of Cases of Enlarged Bronchial Gland Causing Persistent Cough.

DR. SAMUEL E. ALLEN: The case of the dog reported by Dr. Cleveland reminds me of a case almost exactly similar in its aspects, the patient, a woman, who had similar symptoms to those occurring in the dog. She died rather suddenly, and as no post-mortem was held we were never able to determine the cause of death. Her attacks began with a cough and asthmatic breathing, and continued for a number of years. Every now and then, say three or four months apart, she would have terrific attacks of dyspnea, from which she would recover, and then she would go along with moderate cough and asthmatic trouble. After a while she would have another severe attack such as I have just described. She did not live here, and came to Cincinnati after one of her severe attacks to be examined. In going over her chest the lungs were found to be full of asthmatic râles; there was no expectoration, no moist râles, no particular dyspnea, just

a little cough. The case went along, not much better or worse, until one night she had one of her severe attacks and succumbed. I have always thought her trouble was caused by an enlarged bronchial gland such as Dr. Cleveland has described, but as no post-mortem was made I am uncertain about this. The lungs of the patient had been examined over and over again by competent physicians, and there was no tubercular trouble present. In the case of the dog the animal contracted pneumonia and died from this, but in the woman this did not occur.

Another case, that of a child in which a diagnosis of papilloma of the larynx was made, but as nothing could be seen in the larynx that was ruled out. It was then decided that there was a foreign body in the trachea. There was marked dyspnea and rattling in the bronchial tubes. The child finally died and the post-mortem revealed a bronchial gland which had broken down and ruptured, the fluid escaping into the trachea, blocking up the passage and thereby causing death.

The Clinical Significance of Casts.

Kobler (*Wiener klin. Wochenschrift*, No. 14, 1900) says that at the present time the finding of granular and epithelial casts does not absolutely signify the morbid condition of Bright's disease, while formerly this was considered as proof positive. Kobler studied this question carefully, and concluded that the presence of casts does not always justify a diagnosis of Bright's disease. The true significance of hyaline casts is not known. Granular and epithelial casts are often found when no morbid condition of the kidney exists, but when there is gastrointestinal disease, especially when the latter is accompanied by violent diarrhea. This causes a lowering of the blood pressure on account of the rapid loss of water; hence a faulty metabolism of the renal epithelium and formation of casts and albumin. On the other hand, Kobler has found these casts when obstipation exists. This condition is preceded by pain, which at times is very severe; this pain is considered as a reflex to the contraction of the kidney capsule, which consequently deprives the renal epithelium of its proper nutrition.—*Med. Fortnightly.*

The Cincinnati Lancet-Clinic

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J. C. CULBERTSON, M.D.,
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317 W. SEVENTH STREET, CINCINNATI, O.

SATURDAY, JANUARY 12, 1901.

TAFFY.

"Thank you! Will take some more," said the cynic, and proceeded to moralize: There is entirely too little of the taffy of life handed around, and when the individual has no longer any use for taffy because of his passing to the great beyond, there bubbles forth a great spontaneity of riches in epitaphy. The sage rubbed his chin and thought aloud that he believed he preferred home-made taffy all of the time to a surfeit of the epi.

This is resolution week and a real good time to think over some of the good things that may be imparted to willing ears, and without any infraction of personal dignity upon the part of the purveyor of taffy. We all like it, or at least nearly all. The writer once upon a time felt constrained to call upon a famous editor, to whom he had indicted a complimentary epistle, at and about which the F. E. took grave exceptions and so by note informed the writer. A mutual friend volunteered his services as an intermediary, as he was sure no affront was meant by either party, and proceeded at once to call upon the F. E. for an explanation of himself, which was immediately forthcoming upon the gentlest of reminders. The F. E. explained that the complimentary epistle alluded to was so

unusual, and protested that it being the only one of the kind ever received in an editorial career of more than a score a years, had received and read it as though it were written in irony. When made to see the very good English in which the note was couched, and that it was an honest effusion, he was quite profuse in a written apology, terminating in an invitation to the friendly intermediary and complimentary note writer to meet and dine with the F. E. that P.M., on which occasion he averred with an honest earnestness of voice and manner that he believed the note which was the occasion of the dinner was the first and only such expression of commendation for good work done in behalf of the profession that he had ever received. The taffy shock was so very unusual that his equilibrium was lost in a shiver of "might have been's."

Appreciative "thank you's!" and good wishes go a long way in making life worth living. In the new century, with its ushering in of good resolutions, it is suggested that the taffy terms be used with generous hands. Epitaphy is all well enough, but it does not begin to be equal in virtue to the sweets of the morsel dubbed taffy.

THE ACADEMY OF MEDICINE OF CINCINNATI.

On the postals sent out it will be noticed that Dr. Howard A. Kelly, of Baltimore, will be here and address the Academy on the evening of February 4. The medical profession of the city and vicinity are invited and expected to be present. The occasion should be made memorable in fellowship and favors shown the honored guest of the occasion.

Furthermore, and yet again, there are a good many physicians who are eligible and within reach of the Academy who should be actively identified with the organization. Instead of a membership of

scant four hundred there should be not less than one thousand enrolled names. To this end there should be a non-resident membership fee of a small sum that would encourage identification upon the part of those who live beyond the city limits. There is no association that is more prosperous than the Academy. Dues are small, and everything in and connected with the society is harmonious and in good shape. The only trouble with the Academy is an apparent sailing that is entirely too smooth. Friction brightens, which need not be of an acrimonious character, but stimulating.

A home is wanting, and badly needed. This is an old and threadbare theme, but one that will bear reviving. Times are apparently propitious for such a work. To this end there should be a real awakening of interest. It may be said that the Academy is all right; let it alone. Such expressions indicate apathy, and where there is apathy there is sure to be atrophy, and atrophy means shrinkage and going backward.

Comparisons are always odious, but sometimes have a counter-irritating effect that is both encouraging and stimulating. This is mentioned, having in mind the Cincinnati LANCET-CLINIC, which never before had so many subscribers, and with them has come an era of expansion. Some one not far off is quite proud of the winsome appearance of the new page. The size for the present is apparently just right. It costs more than a thousand dollars a year to make the change, but it is all right. The publisher, subscribers and advertisers like it, which brings happiness to the editor.

This is getting away from the Academy, but thoughts do become unruly and diverge on tangent lines sometimes. A young man with enthusiasm is needed for the Academy work, which should be commenced without a moment's delay. Let there be a harbinger of Dr. Kelly's com-

ing that will bloom like spring roses and be as everlastingly evergreen as the pines of the mountains. Then let the deluge of new members come in; the floodgates are unhinged and keys to the locks are lost.

The Ohio State Medical Society will meet in Cincinnati the second week in May, and the hosts from the entire State will be here. The Kentucky State Society will meet at the same time in Louisville. These meetings in the great cities will be of immense profit to the societies. They will fairly boom. Let them; it will do them and their hosts a lot of good.

Combines are the present-day powers, and as the medical profession in numbers associate themselves together in regular organizations will they be strong. Let's all get together.

THE SUBSCRIBER AND MEDICAL JOURNALISM.

We have had occasion several times to call the attention of many of our subscribers to the fact that subscriptions to a large amount have not been paid and are long overdue. That this reiteration of an old story is a disagreeable task to us our readers may well believe; they must also realize the fact that it is impossible to conduct any business altogether on credit.

The *American Gynecological and Obstetrical Journal* was founded and has hitherto been published for the sake of improving the status, financially and in a corporate sense, of the medical profession. It has labored incessantly to this end because it recognized the fact that in the medical press, if it be supported and controlled wholly by medical men, the medical profession would possess the most powerful means to its own advancement and prosperity.

It is hopeless, however, to labor in the interests of any class of men if the latter persistently refuse their recognition and support of such efforts, except by words. This is what the medical subscriber does when he subscribes to the medical press and neglects to pay his subscription month after month. It is a scandal and living reproach to the medical profession that it does not support its press but is willing to throw the entire financial burden of this support upon those members of its own ilk who are unselfishly devoting their time and efforts in its behalf.

This apathy of the medical subscriber is not felt peculiarly by this journal but exists in reference to the entire medical press of this country and, we may add, it exists in this country alone. The responsibility for this condition of things lies wholly at the doors of the lay publishing firms which until recent years entirely controlled medical journalism. A determined effort was at last made to break this dependence of the profession upon lay publishers and to give it the control of its own. The *American Gynecological and Obstetrical Journal* was the pioneer in this work, and the numerous medical journals under medical proprietorship which now exist have followed the example which we originally set.

For our part we have been forced at last to the conclusion, after nine years of hope in the final intelligent awakening of the profession to the trend of its own interests and to its obligations, that medical men have made no concerted movement to correspond with the efforts we have described but have remained supine. Those subscribers who have promptly paid their subscriptions are, we fear, those who would and do fulfill in a like manner all their obligations of whatever character.

If this indifference continues but one result is possible. Medical men who have thus labored with faith in the ultimate sense of justice and fellowship of their profession will no longer struggle in an ungrateful and hopeless cause, but will withdraw from the contest and leave the profession and its press in the hands of lay publishing houses to use again, as they formerly did, for their own exploitation.

The lay publishing houses of medical literature which formerly controlled all (?) and still control some of the most prominent medical journals regard with indifference the credit system which prevails in the matter of medical subscriptions. More than this, they have always encouraged this system because, while it exists generally, a medical press which shall be under the control of medical men and therefore a free and powerful organ in the interests of the profession is an impossibility. The lay publishing houses are supported on lay capital and their sale of medical books pay for the deficiency in their subscriptions while their medical journals in turn, through the advertisement of their medical books and other merchandise, equalize this deficiency. But medical proprietors of medical journals are not merchants, have no capital to depend upon and have no merchandise to exploit. Their sole capital is their enthusiasm for their profession, their brains and their subscriptions which medical subscribers have contracted to pay.

Consider and realize one thing: No medical man can reap a profitable income from any medical journal of which he is the proprietor, and, if his subscribers do not pay promptly and in advance, such medical journal must be supported from his own private income or must fail.

And yet, though this truth might reasonably occur to the mind of every one without the telling, we find that probably two-thirds of the medical readers of this country subscribe to journals owned by the lay publishing houses in preference to those owned by medical men and in spite of the protest of the latter that such subscribers are thus doing their best to crush out an independent medical press.

Do these men plead that they get more of worth for their money by supporting lay proprietorship of journals? If this were true, which is not altogether the case, is it not the subscribers themselves who make it so? If short-sighted sordidness and individual selfishness are always to plead against every attempted improvement in the interests of the profession as a whole, our cause is prejudged and hopeless.

Had the profession shown concerted effort to encourage, by its financial support, the struggle of medical proprietors to free the medical press from the thralldom of the lay publishing houses and certain drug concerns, these medical proprietors would have coalesced and formed themselves into a syndicate so that they might, harmoniously and to the best effect, have represented the true interests of their profession. Preliminary plans to thus effect a united medical press were actually formed by several of the more prominent proprietors of medical journals, but these efforts were at once blocked, and have remained so, owing to the obstinate indifference of medical subscribers to their financial obligations.

Do you think that medical subscribers generally pay their subscriptions? Ponder this: A medical journal recently put on the market under forced sale had a list of thirty-five thousand dollars of unpaid subscriptions; another prominent medical journal has to-day, it is said, a list of over twenty thousand dollars in unpaid subscriptions; still another, also prominent, has a list of fifteen thousand dollars owed by its subscribers; and this is, we venture to say, a type of the business solidarity of the entire medical press of this country!

What a shameful thing it is that a journal is obliged to put its unpaid subscriptions in the hands of attorneys to enforce the collection of just obligations, legally contracted for by medical men! Yet this is done by every medical journal to the extent of thousands of dollars each

year for unpaid subscriptions that sometimes extend over three, four, five and six years. Were this means to enforce payment not taken the medical press of this country would cease to exist.

Will nothing arouse the better element among medical men—those who have a realizing sense of the *honor and honesty* of their profession—to take action together and form public opinion which will destroy forever the prevailing tendency of medical men to evade money obligations thus voluntarily assumed?

Medical journals in Europe are sent to subscribers only after they have been paid for. All popular lay journals of this country are conducted on the same basis. It is only the profession in America, to its shame be it said, which expects and implicitly demands that its press shall be conducted on eleemosynary principles.

The *American Gynecological and Obstetrical Journal*, at any rate, does not propose to continue its publication as a charitable foundation for the medical profession. When it is evident that its subscribers, though anxious to read it and to praise it, are not willing to pay for it, it will suspend publication.

A HOMILY.

In the above editorial, taken from the December issue of the *American Gynecological and Obstetrical Journal*, there is a whole lot of food for thought and mental mastication. The editor states a plain business proposition and in a very plain way. From a business standpoint he sees a wrong, and conditions that are a misfit, and is ready and anxious to remedy a recognized evil. For this evil the writer has no apologies to offer, but seeks light and explanation for the cause, which is thought may be found in the fundamental education of the physician. Primarily the young man destined for the medical profession is taught along a line of the humanities and with little reference or attention to instruction in business habits. Honesty, honor and uprightness are so amalgamated with both selfish and unselfish sentiment that a composition of characteristics is formulated in the individual that reminds one of a remark made by another that "man is fearfully and wonderfully made." And yet, after all, doctors

are very much like other people in their business, disposition and propensities.

The writer has been a medical publisher for more than twenty-seven years, and has nothing to complain of in his long-time business relations with members of the profession. (The claim to pioneer work is not well taken, nor can it be sustained. The Cincinnati LANCET CLINIC has for fifty-eight years been both edited and owned by independent physicians.) Admission is made that some who wear the garb of the profession are not to be mentioned as parallel in honesty to the virtue of Cæsar's wife, but, take them all in all, one with another, in a business way they compare favorably with any class of men to be found in any State or community in the land. Sometimes misfortune overtakes a doctor, which may or may not have been his fault, and it becomes an embarrassment for him to even pay a small journal subscription, but hope lives eternal in his breast; he is honest and intends to pay as soon as the bare necessities of life are paid for, and usually does, for he feels that his professional mind must also be nourished; and judiciously, to the best of his ability, the editor of the LANCET-CLINIC will come to his assistance, doing for him as he does for others; it is a part of the business. *Per contra*, the men who willfully and purposely do not pay their honest debts are comparatively few in number. That this number constitutes a factor is not questioned, and means a very perceptible percentage in the business profits and losses of publishers of medical journals, but the loss is not greater than pertains to other manufacturing enterprises.

Reference is made by the *A. G. and O. Journal* to the losses of some of the prominent publications of the East. The writer confesses a surprise when first informed of them, and there was a searching for a cause, and thought it might be figured out. In medical journals a doctor

thinks he knows about what he wants, which, when determined, if at what he regards as a reasonable price, is willing to take and pay for. When something comes to him that he does not want, maybe is unable to give a good reason for his feelings in regard to it, becomes neglectful of his obligations, and is enrolled on the delinquent list, about which he cares nothing. Then comes the collection agency, about which reference is also made by the *A. G. and O. Journal*, which produces an irritating antagonism amounting to a revolt. The doctor pays under this stress if he can, and everlasting anathematizes the publication. It is in human nature to do just that way. The journalist probably says he don't want that man as a subscriber anyway, but he does, and wants his good will, which may be an exceedingly valuable commodity.

The sum and substance of successful medical journalism is to be found in an ability to supply the largest possible number of physicians with the current knowledge of professional news and progress in the most acceptable form that can be devised by the editor and proprietor of a given publication. Some editors and publishers have a greater faculty for this work than others, and gain a reward in length of subscription list.

Then, again, a medical journal is a very peculiar institution. It is first of all in need of a policy, and its editor known as one of decided convictions, and willing to firmly stand by them at any cost. No man is infallible, and the best of editors sometimes make mistakes, which none so much regret as themselves. Errors of judgment are weakening to any publication, and must not occur very frequently or the journal will collapse.

The *A. G. and O. Journal* is right in its demands for honesty upon the part of its patrons, but they have an equal right to a requirement that the journal

shall present to them a *quid pro quo* in a form that meets with their approbation.

The credit man in mercantile and manufacturing establishments is one of the most important men in the business with which he is connected, and it is just the same in a medical journal office. The credit man must know as nearly as possible who are worthy of credit. His mind must be receptive and adjustable, as well as encouraging and flexible.

As this is being written, a proposition comes to take stock in a new medical journal to be published in another city. The venture will be profitable or unprofitable, according to the genius of the founders, but the signs of the times indicate increasing difficulties in the way of new publications. They require so much capital, and such a large investment of "the know how" quality of brains, that the business is rated as hazardous. Wrecks and failures are strewn all along the path, while marked successes are, as they ever will be, stars, beacon lights and will-o'-the wisps, beckoning on to new undertakings.

The editor of the *American Gynecological and Obstetrical Journal* should take courage. He has a good journal, but do the doctors want it? If they do they will both take it and pay for it, for it is rare indeed to find a physician who is purposely dishonest. The editor of the Cincinnati LANCET-CLINIC loves his journal patrons with an undying affection, and with good reason. More than any other one factor they have made his journal what it is. In his estimation there is nothing in this world too good for the plain, unassuming, every-day doctor, and is proud of the fact that he is one of them, and believes they are the fairest representatives of common honesty that may be found among the sons of men.

Moral: Make a journal what your clients want, and so good that it cannot be dispensed with, and it will be paid for,

according to the experience of the LANCET-CLINIC.

EDITORIAL NOTES.

THE LIBRARY OF THE NEW YORK ACADEMY OF MEDICINE.—Following is an abstract of the report of the Committee on the Library:

Number of books in the library, November 30, 1900, 89,000 volumes. Duplicates, 36,105 volumes, included.

Books added during the year, not including duplicates, 3,649 volumes.

In the circulating department 971 books and 832 journals were issued to 194 readers; 11,520 readers have registered during the year in the reading-room, and probably many others have used the library but not registered.

The library is growing rapidly, the additions annually for the last four years being at least 3,500 volumes a year (in 1898, when the library of the New York Hospital was donated to the Academy, 7,000 volumes), without including duplicates; 991 journals in many languages are on file, and add 1,135 bound volumes this year to the shelves. Including the duplicates, the natural growth amounts to about 5,000 volumes, and at this rate there is only space left in the stack-room for five years more. More space for the library is urgently needed, and it will be difficult to find this space in the present building. At present there are 13,430 feet of shelving available, of which less than 3,000 are unoccupied, and 600 feet of shelving are needed annually for the natural growth in new books. The labor of taking charge of this large collection of books will require an increase in the librarian's staff this coming year. More money is urgently needed, both for the purchase of books and for the running expenses.

The above report is singularly suggestive at this time. The Cincinnati Academy of Medicine, in the ordinary course of human events, is destined at no distant day to come into possession of a home. That word home, so attractive, so fascinating, so comprehensive, so full of confidences—a home for the Academy of Medicine. It will come, and when it does who can measure its potent power for good to the medical profession of Cincinnati. It will mean a library and reading-room as an important part of the home, and in time, when the Academy home is established in a fire-proof building, let it be recorded that similar action was taken to that of the New York Hospital by the Cincinnati Hospital in transferring its

library to the Academy. There are no treasures save and except human life in the Cincinnati Hospital which are comparable in value to the library, and this invaluable treasure is domiciled in the top story of the administrative building of that institution, subject to destruction by fire at any time.

Cannot some medical genius figure out ways and means by which it may become possible for the medical profession of the city and vicinity to enter upon an enjoyment of home comforts and home privileges at an early date in JUDKINS HALL?

BILL TO INCREASE THE EFFICIENCY OF THE UNITED STATES ARMY.—The President of the American Medical Association addresses members of that organization as follows:

CINCINNATI, O., December 29, 1900.

To the Members of the American Medical Association:

Your attention is called to the fact that there is at present pending in Congress certain proposed legislation that seriously disturbs the present status and efficiency of the Medical Corps of the United States Army.

The proposed law is entitled "An Act to Increase the Efficiency of the Military Establishment of the United States" (Senate Bill 4300), and in a very general way modifies the existing organization of the army, while at the same time it provides for a damaging and offensively invidious discrimination against the medical corps. This fact is shown in the following particulars, viz.:

1. It decreases the percentage composition of the corps in the grades of Colonel from 3.1 per cent. to 2.4 per cent.

2. It decreases the percentage composition of the corps in the grade of Lieutenant-Colonel from 5.2 per cent. to 3.7 per cent.

3. It decreases the percentage composition of the corps in the grade of Major from 26 per cent. to 18.6 per cent.

4. It increases the percentage composition of the corps in the grade of Assistant Surgeon with the ranks of Captain and First Lieutenant from 65 per cent. to 74.7 per cent.

The significance of these proposed changes can be understood when it is remembered that even under the existing law it requires more than eighteen years to reach the grade of surgeon with the rank of Major, while under the proposed law it will require at least twenty-five years to reach the same grade and rank. With this fact reduced to a mathematical demonstration, the inevitable result will be, first, that the most worthy young men will not apply for commission; and secondly, that the relatively less worthy men, who do enter the service, discour-

aged by the certain impossibility of reasonably prompt promotion, will resign, leaving their places to be filled by untrained and consequently less efficient men. The ultimate disaster from this contemplated change, however, will consist not alone in a lowered status of the medical service, but in (1) increased disease and death-rate among the men; (2) a diminished and otherwise weakened force in the firing line; and (3) a material augmentation of the pension roll.

In view of the foregoing facts, and in view of the fact that every other corps of the army is better graded than is the medical, every member of the American Medical Association and every member of the medical profession is hereby earnestly solicited to send at once to his United States Senator and Congressman an urgent and emphatic protest against the proposed provisions in Senate Bill 4300, relative to the medical corps of the United States Army.

CHAS. A. L. REED,
President American Medical Association.

PHYSICIANS, librarians and others who wish to complete their files of the LANCET-CLINIC should take the necessary steps to do so at once.

Colostomy for the Cure of Amebic Dysentery.

W. N. Sullivan (*Journal American Medical Association*, December 8, 1900) says the operation is devised to overcome the difficulty of treating otherwise inaccessible portions of the colon. Case reported is one of a returned soldier from Manila, who had the disease for fifteen months, during which time he had tried various medicines by mouth and rectum without improvement. Injections of sulpho-carbolate of zinc, fifteen grains to the ounce, failing, right inguinal colostomy was proposed and done by Dr. Barbat, and four days later completed by the incision of the bowel. The bowel was then washed with a stream of pyrozone, half a pint to a gallon of sterile water. This treatment was continued daily. Results were as follows: In two days temperature dropped from 104° to normal. Pain ceased, and patient began to eat well a soft diet. Gained flesh rapidly; treatment was continued four months, when the opening was closed, and the bowel returned to the cavity. Patient gained strength rapidly.
—*St. Louis Med. Review.*

THE daily application of lanolin is said to remove wrinkles.—*Med. Summary.*

Obituary.

JOHN WHITTAKER, M.D.

John Whittaker, son of James Whittaker and Nancy Harrison, and half brother of the late Dr. James T. Whittaker, of Cincinnati, was born February 15, 1837, in Cincinnati, where he spent his early years. He received his education in the Cincinnati public schools and at old Woodward College, now Woodward High School. Having completed his academic studies he felt called to the ministry, and after preparation was licensed to preach by the Methodist Conference of St. Louis, to which city he had removed, and was appointed to the Springfield District, in which work he spent several years. His next appointment was to Wesley Chapel, St. Louis, where he remained two years; the work promising too much for his strength he was appointed assistant editor of the St. Louis *Christian Advocate*.

In 1856 he married Anna Elizabeth Glanville, daughter of Rev. John Glanville, who has been a true companion to him through life. Failing in health, he turned his attention to the medical profession, taking his degree at the St. Louis Medical College.

In the early days of the war he joined the Union forces as a surgeon with the 81st O. V. I., and for two and one-half years gave devoted service to his country. When being no longer able to endure the rigors of war he was sent home on furlough.

In 1865 he removed with his family to Camden, where, with the exception of eight years spent in the drug business in Cincinnati, he has since resided, engaged in the practice of medicine and pharmacy.

He served the public in various ways, having been a member of the Board of Education, City Council and Board of Health, in all of which he was noted for his faithfulness as to duty. He was a man of exceptional literary attainments, widely read in both English and German, and especially excellent in higher mathematics.

He spent the summer of 1886 traveling, visiting the principal cities of England and the continent.

He was ever ready to help the suffering

and destitute, and the testimony of those who have known and felt the kindness of his heart; and of those among whom he lived, forms a far grander eulogy than any words can frame.

In June he was afflicted with a mild stroke of paralysis, which, however, did not deter him from his usual duties.

On Saturday night, apparently without warning or immediate cause, he was the victim of a more severe attack, which resulted in peaceful, painless death at 4:15 Sunday afternoon, December 23, 1900.

A wife, three sons and a daughter are left to mourn his death.

The funeral services took place at the house Wednesday morning at 10:30, conducted by Rev. Chapman, after which the remains were tenderly laid to rest in Fairmount Cemetery. — *Camden (O.) Gazette*.

Residual Symptoms of Gonorrhea in the Female.

Dr. Edward J. Ill (*Annals of Gynecology and Pediatry*) says Sänger was the first to study this subject carefully, and he has been able to confirm his observations. At the outset it must be conceded that even in the absence of the gonococcus pathological conditions may be present which owe their origin to an ancient gonorrhreal infection. The author calls attention to a macular vulvitis, involving the mucous membrane of the vestibule and commonly situated about the glands of Skene and the orifice of the duct of Bartholini. The Bartholinian gland may be found hardened and often cysts of this gland are the result of gonorrhreal obliterations of the duct. The same macules, before mentioned, may be found at the meatus urethræ and purulent discharges may be met in the ducts of Skene and in the urethra resulting in mucous strings or threads in the urine. Stricture of the urethra and peri-urethral thickening may be present. Granular vaginitis is sometimes found. A very obstinate form of endometritis with discharge free from gonococci is a not infrequent residual condition. Even chronic atrophic endometritis may result. Chronic thickening of the tubes and of the ovarian albuginea with adhesions is a common condition left after gonorrhrea. A granular colitis is frequently associated with these conditions.—*Post-Graduate*.

Current Literature.

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The Curiosities of Aphasia.

The vagaries of cerebral lesions involving more or less pronounced loss of the power of speech are well known, even to the writers of cheap novels; but the explanation of the curious dissociation of the speaking and writing faculties still continues to puzzle those whose work lies in this direction. In the discussion on an interesting case of Dr. Bastian's, which was brought before the last meeting of the Royal Medical and Chirurgical Society, Dr. Dickinson mentioned the case of a man who had lost the power of articulate speech, but retained the power of writing, of which he availed himself to give full details of his desires and sensations. The interesting feature in this case was the fact of the patient being left-handed, so that, although he had complete right hemiplegia, he still retained the ability to write. It may be reasonably supposed, moreover, that the corresponding centre in a left-handed man is situated in a different part of the brain from that of the normal dexterous individual, so that it escaped injury in the presence of a lesion of the left hemisphere.

Another curious fact which, though often recorded, is still of the nature of a mystery, is that many aphasic patients retain the ability to count and to write figures from dictation when they are totally unable to express thoughts in words or to write words from dictation. It has been suggested that number symbols are registered in a part of the brain which is distinct from the ordinary word centre. In support of this view it is urged that figures are learned in a different way from letters, and that their number is smaller than the number of letters forming the alphabet, the process of remembrance being consequently less complete than with words, each of which involved a conception. It is true that numerals are committed to memory by rote, *i.e.*, parrot wise, but so are the letters of the alphabet. More to the point is the argument that figures are registered only in the visual centre, and are largely acquired by the aid of the tactile centre, wherever that

may be, for its whereabouts is still unknown.

It must be borne in mind that the visual and the auditory centres do not necessarily comprise the auditory and visual word-centres respectively, and Dr. Bastian suggests that the latter are probably areas less highly specialized in function. Sir William Broadbent, on the other hand, holds that there is a special centre for idealization, as well as one which he calls the word centre. He believes that a particular auditory or visual impression calls up associated impressions from all the sensory centres, and that these, by the aid of the centre of idealization, are welded into a homogeneous whole. According to this observer, therefore, the conception of a word is a blend of all these associated impressions, and it is by a further association of these conceptions that ideas are formed.

It is easy enough to postulate centres in the brain in response to a psychological need, but until anatomy or pathology enables us to localize the exact spot their very existence must become a matter of doubt. The difficulties in the way of localizing such a centre as that for idealization must of their nature be quasi-insuperable, and we have to choose between a working hypothesis which may lead us astray, or a confession of ignorance which becomes more painful the more frequently it has to be reiterated.—*Med. Press and Circular.*

The Detection of Bile-Coloring Matter in the Feces, Especially with Ad. Schmidt's Test.

Dr. R. Scholemmer, in *Arch f. Verdauungskh.*, offers the following conclusions as the result of his researches:

1. Schmidt's sublimate test by far excels in certainty, delicacy and simplicity the methods heretofore employed for the detection of unaltered bile-coloring matter in the feces.
2. Under physiological conditions, bilirubin-holding plant cells and soap particles occur but scantily and exceptionally in the feces.
3. The positive result of the bile-coloring matter test in the feces is a valuable indication of an existing intestinal disturbance.
4. Microscopic success of the test occurs chiefly only in violent cases of acute enteritis.

5. Microscopic success of the test is also but seldom absent in the presence of slight intestinal disturbances; it is not associated with the presence of liquid discharges. Usually, the bilirubin also adheres to the minutest mucus particles, more rarely to remnants of food (aside from the plant cells mentioned under 2).

6. The presence in the feces of substances containing bile-coloring matter is not of itself evidence of the existence of an intestinal disturbance. Along with the positive test for bile-coloring matter other indications must be present, such as fermentation, abundant remains of muscle, free starch granules, and characteristic mucus particles.

7. Mucus containing bile-coloring matter is only to be considered as derived from the small intestine when minute (microscopically scarcely recognizable) particles are present, which are intimately mixed with constituents of the food and contain under the microscope semi-digested cells, i.e., containing bilirubin in granules or crystalline form.—*Indian Lancet*.

The Necessity of Disinfecting the Urine of Typhoid Fever Patients.

The necessity of disinfecting the urine of typhoid fever patients has not been fully sensed by the majority of physicians and nurses. Undoubtedly this has been due to the fact that the feces have been considered the only medium whereby the typhoid bacillus leaves the body; consequently efforts to destroy them have been confined to their destruction in the ingesta and egesta of the alimentary canal.

Recent investigations, however, have shown that the bacillus of typhoid fever is not infrequently found in the urine, some investigators stating that in as many as 50 per cent. of cases, typhoid bacilli are to be found in the excretion from the kidney.

In most cases the germs appear in the urine rather late in the disease, and continue to be excreted after all other symptoms of the disease have subsided.

In all probability the obscure source of some epidemics of typhoid might be traced to infection from the urine of typhoid fever patients.

Recognizing the fact that typhoid bacilli are frequently excreted from the body through the urine in very large numbers,

the necessity of thoroughly disinfecting the excretion becomes at once apparent, and no pains should be spared to prevent its being recklessly handled. It is a very easy matter for the urine to contaminate hands, clothing, furniture, etc., and thereby create new avenues of infection.

The excellent results obtained by thorough disinfection of food and feces in preventing the spread of typhoid fever may, we believe, be increased by careful and thorough disinfection of the urine of these patients.—*Modern Medicine*.

Notes on the Treatment of Typhoid Fever.

From the beginning, insist that the mouth, tongue and gums be kept clean.—*Delafield*.

Perfect rest of body and mind. Plenty of cool water, no alcohol in young, vigorous subjects. For headache, cold compresses.—*Upshur*.

Half an ounce of whisky fifteen minutes before each bath; cold effusions to the head during the baths; glass of hot milk containing malt extract after the bath.—*W. Gilman Thompson*.

Chlorine water can be safely administered until complete disinfection of the alimentary canal is obtained. Under its use the tongue becomes cleaner, the appetite and digestion improve, fever declines, and the stools lose their offensive odor. The general strength, the intellectual processes and nervous condition improve. The disease is shortened in duration, and usually proceeds to rapid and complete recovery.—*R. G. Hilcox*.

Don't counteract the good effects of the baths by giving too much whisky.—*Shiler*.

Dr. Baruch says that resistance of the rectal temperature to a bath with friction at 75° for fifteen minutes is almost a sure test for typhoid fever. If a bath gradually cooled from 90° to 75° fails to reduce the rectal temperature 2° in one-half hour, the diagnosis of typhoid is almost certain. Elsner's culture test is based on the fact that the Eberth bacillus alone grows upon the medium (potato gelatine, to which 1 per cent. of iodide of potassium is added). This, as well as Pfeiffer's serum test, is open to objection as a working method. The Widal test accomplishes much more satisfactory clinical results. It is of clinical value, although certain chemical agents

produce like results.—*Charles Warrene Allen.*

In the vast majority of cases when hemorrhage occurs during typhoid fever there is a history of the patient having walked around during the illness. When there is free hemorrhage from a vessel I believe that ergot does harm. It raises arterial pressure and thus increases the hemorrhage. Calcium chloride is worth trying in these cases. Give it in five-grain doses, well diluted in water, every two or three hours. This drug decreases hemorrhages by increasing the coagulability of the blood.—*H. A. Hare.*

Brand's treatment is based upon the following considerations: (1) That in any case of prolonged pyrexia certain unfavorable symptoms and complications are liable to arise; (2) that while we know that these occur in a fairly constant proportion of cases, yet it is impossible to foresee them in any given case; (3) that it is usually possible to prevent them by systematic bathing; (4) that when once they have arisen active interference is often of no avail. To obtain the greatest possible benefit from it, it is, above all things, necessary that it be commenced at the earliest possible period of the fever, before signs of danger have appeared; and in direct proportion as the first indication is responded to is the success of the treatment.—*H. A. Hare.*

The foundation of all the treatment is ammonol, which acts as a stimulant as well as an antipyretic.—*Public Health Journal.*

Treatment of Influenza in Adults.

R. B. Wilcox (*Med. News*, December 1, 1900) divides the disease into three types:

1. That in which the brunt is upon the respiratory system.

2. That in which it is upon the gastro-intestinal system.

3. That of the neuro-muscular system.

The first type demands supportive treatment from the outset. Pay little attention to the reduction of the fever; if such reduction is demanded depend upon the icewater coil over the heart. Use no morphine to relieve the pain. To obtain free expectoration give ammonium carbonate in five to ten grain doses. Relieve the nose and throat with menthol spray in albolene. Fluid diet. Substitute strychnine for the ammonia, if the latter is not

well borne. Whisky is not necessary. If pneumonia is present watch the skin, kidneys and bowels. Carbonate of creosote in sherry in thirty-drop doses yields good results. For the gastro-intestinal form, evacuate bowels with calomel, then antiseptics, such as bismuth. Intestinal irrigation; beef extract by the mouth. Rectal alimentation is frequently demanded. In the neuro-muscular type don't use large doses of quinine. Avoid the coal tar derivatives alone. Use them carefully, combined with salicylic acid and caffeine. Gelsemium is recommended for the headaches and backaches. External hot applications will often relieve the backache. Warm baths are beneficial. The bowels should remain open. If urine is not sufficient use high enemas of saline solution at 110°.—*St. Louis Med. Review.*

Inferior Dental Neuralgia.

Morestin (*Gazette des Hôpitaux*, November 6, 1900) relates the history of a case in which he had desired to perform a very simple and slightly mutilating operation. The patient had been an extreme sufferer for three years. His teeth had been extracted and the alveolar process cut away twice. He had become so sensitive he was no longer able to eat solid food, and nothing could give him relief. As a curative measure the author removed the inferior dental nerve, by the following operation: Through an incision over the angle of the jaw he gouged away sufficient of the same to allow of catching the nerve on a hook, then it was divided, and a futile attempt made to evade the peripheral portion. As was to be expected the relief from pain was immediate.—*St. Louis Med. Review.*

The Mechanical Treatment of Locomotor Ataxia.

Hirschberg (*Bull. Gén. de Thérapeutique*) concludes as follows with regard to the utility of Frankel's plan of treatment of locomotor ataxia.

1. It is possible to greatly improve the ataxia movement in tabetics by the method of Dr. Frankel.

2. The gymnastic exercises explain the reason of augmentation and development of muscular force in the affected members.

3. The exercises in making the muscular contraction under the control of the will

of the patient ameliorate the inco-ordination.

4. In bettering the *morale* of the patient by giving him more confidence in his extremities, the persistent ideas of pathophobia which cause so much misery in tabetics are dispersed.

5. The treatment is indicated in all stages of locomotor ataxia. Best results, however, are obtained when it is instituted before locomotion becomes completely impeded.

6. Treatment is contraindicated when the course of the disease is very rapid; that is to say, when the clinical picture is completely developed in less than two years; also when the general condition of the patient is particularly bad, and especially when the articulations are affected.

7. The treatment does not exercise any influence on the cardinal symptoms of tabes dorsalis, with the exception of the ataxia.

It might be said that Frankel's treatment in principle distinguishes three categories of movements:

1. Simple muscular contractions; that is to say, of one muscle or a physiological series of muscles.

2. Simple co-ordinate movements; for instance, touching the end of the nose with the index finger.

3. Complex co-ordinative movements, such as writing.

In applying the treatment, the practice is to begin with the simple passive movements, then gradually assume the more complex.—*Journal of Nervous and Mental Diseases.*

Preliminary Report on the Presence and Nature of Parasitic Amebae (Cancriameba Macroglossa) in the Epithelial Carcinomata.

Dr. Gustav Eisen, in a paper which appeared in the July 7 number of the *Med. Record*, makes the following summary:

1. A parasitic ameba (cancriameba macroglossa) is found in all epithelial carcinomata. This ameba may be readily fixed while in action, if the tissue is fixed while yet warm, the lowering of the temperature below that of the blood causing the amebæ to contract.

2. The cancriamebae are the cause of the characteristic structure of epithelial carcinomata in which are found cell nests

or cell plugs. In each such nest we can always distinguish two distinct parts—an inner core or ameba nest consisting mainly of one or many cancriamebae mixed with some leucocytes and loose epithelial cells, and an outer zone consisting of epithelial cells, the inner ones of which are flattened, concave, and in sections lunate, while the outer ones are normal.

3. The peculiar structure of these cancer plugs is caused by the effort of the epithelial cells of the infected locality of the human body to fence in the amebæ, and prevent them from spreading through the tissue. This effort is also more or less successfully accomplished by an enormous increase in epithelial cells and by a chitinization of the cells nearest the cancriamebae. The concentric structure of the cancer plug is the result of the pressure on the epithelial cells caused by the cancriamebae situated in the centre of the cancer plug through continuous increase in number and size.

4. A constant struggle is going on between the cancriamebae and the epithelial cells. The latter are trying to fence in the amebæ and to kill them by encysting or by chitinization, while the amebæ, on their side, feed on the epithelial cells by projecting pseudopodia into the cells and sucking out their cytoplasm. The cancriamebae are not caryophagous.

5. The propagation of the cancriamebae is by spores and amitotic division. Mitotic division has not been observed. There are numerous cells in mitotic division all through the tissue, but these cells seem to be exclusively epithelial cells.

6. The cancriamebae are nearly always found surrounded by a small vacuole. This vacuole is the result of the destruction of one or more epithelial cells by the parasites. The vacuole becomes gradually larger as more and more cells are destroyed, until finally, when the epithelial cell fence gives way and breaks up, a large pus cavity is formed, containing cancriamebae, fragments of epithelial cells, and leucocytes.

7. The cancriamebae are distinguished from all leucocytes by their larger size, while the leucocytes seldom reach ten to twelve micromillimeters in diameter; the cancriamebae frequently exceed twenty-five to thirty micromillimetres in length. Many of the cancriamebae possess a vacu-

ole, an organ never found in the leucocyte.

8. The acute sensitiveness to cold suggests the treatment of carcinomata by freezing.—*Modern Medicine.*

On the "Hypurgie" of Obesity.

Mendelsohn, editor of the *Zeitschrift für Krankenpflege*, has devised the term "hypurgie" to denote that special exercise of the physician and nurse which seeks to attain the comfort of the patient upon all occasions.

In the July number of his journal Mendelsohn extracts from Van Noorden's new work on obesity various practical points which bear upon the question of nursing and hypurgie.

The capacity for exertion on the part of the corpulent patient must first of all be determined for a given time. Those who have a normal tolerance for exertion may be made to work harder and by following out this principle we avoid excess. The quality of the exercise must be studied. If a patient ascends an elevation of 300 metres high he expends the same energy whether he takes 100 minutes or only 60 minutes for the task, but in the latter case he may overtask his heart. Both in walking on a level and in hill-climbing, the effect on the heart and voluntary muscles must be carefully supervised. The better the ventilation of the lungs, the less liability to heart-strain.

The introduction of the bicycle into medicine is a great advantage in the management of obesity, but the heart is equally exposed to danger in this form of exercise. The fat bicyclist should never be allowed to bend forward because of the prejudicial effect upon respiration. Rowing, either on the water, or with a parlor rowing-machine, is strongly recommended by good authorities, and tests made after this form of exercise show that the pulse and heart are not overtaxed. Vigorous obese individuals may play active outdoor games—tennis, football, golf, etc. The principal value of gymnasium exercise lies in the development of certain groups of muscles, and the general strengthening of the entire muscular system.

On the other hand, horseback exercise is not recommended. It is good to reduce the horse's weight, but not so good in this respect for the rider.

Baths, both for the sake of cleanliness and as hydrotherapy, are of the greatest benefit to the obese.

With regard to diet Van Noorden believes in the expediency of small and somewhat frequent meals. In this way we avoid the profound weakness which comes from an empty stomach (often causing fat women to swoon), as well as the danger of overeating.

Wine should never be taken with meals, but between meals it is often grateful. Mineral waters, weak tea, lemonade, etc., may be taken either with or between meals.—*Med. Review of Reviews.*

The Heart in Acute Rheumatism.

Delancey Rochester, Buffalo (*Journal American Medical Association*, December 15, 1900), sums up his paper by emphasizing the following points:

1. Acute rheumatism is an infectious disease.

2. Endocarditis is an integral part of the disease and not a complication.

3. Pericarditis is a complication just as much as inflammation of the other sero-fibrous membranes, although it occurs more frequently.

4. Myocarditis is an integral part of the disease, not a complication, occurs much more frequently than is generally supposed, is frequently unrecognized and is the most serious feature of the disease.

5. The occurrence of endocarditis, pericarditis or myocarditis, or the previous existence of a valvular disease, whether compensated or uncompensated, is no contra-indication to the use of salicyl compounds, but rather an index to push their administration to overcome the toxemia of the disease. Whatever one is chosen, it should be given in sufficiently large doses at sufficiently short intervals.

6. Rest in bed for a sufficiently long time is the most important part of the treatment of the cardiac manifestations of the disease.—*St. Louis Med. Record.*

MERCURIALS and calcium sulphide are useful in the early stages of acute tonsillitis, and later the salicylate and benzoate of soda.—*Med. Summary.*

TURPENTINE along with castor oil is useful in cases of obstinate obstruction and tympanitis.—*Med. Summary.*

Miscellany.

**MID-WINTER MEDICAL JINGLES
COLLATED FROM VARIOUS SOURCES.**

BY T. C. M.

Tuberculosis.

Some time ago the suggestion was made in all seriousness that the Underground Railway was a sanatorium for chest complaints. *Truth* offered a prize for rhymed comments on this suggestion. From a collection of verses sent in on the subject I take this, which appeared over the pseudonym of "AlmaViva":

Ho! all ye invalids who have a weakness of the chest,
Whose lungs are full of microbes, and whose coughing knows no rest,
We've joyful news for you indeed, a remedy is found,
'Tis close at hand, and very cheap, in fact, the "Underground."
Just travel round the "Circle," and inhale its beastly fumes,
And all the microbes take affright, and health her sway resumes.
Mayhap you live too far away, then this will meet your need:
Look out a cellar, damp and dark, and very close indeed,
Then fix a grate or brazier there, in which you then must poke
A small amount of sulphur and a good supply of coke;
A kettle you must place on top, to make the needful steam,
Then light your fire, and soon that place the Underground will seem.
If every day for several months those fumes you just inhale,
You'll be as sound as any bell, and red instead of pale;
Though some may think, when they've so much discomfort to endure,
That, after all, their old complaint is better than the cure.

The Practitioner for this month says that Dr. Walther, of Nordrach, owes his success in the treatment of consumption largely to the fact that he is what Jeames would call a "harbitrary gent." The following lines are by a well-known actor, who has been under his care, but whose name we are not at liberty to disclose. They give a vivid picture of the Nordrach treatment from the patient's point of view:

"THE AUTOCRATIC DOCTOR."

[With acknowledgments to Rudyard Kipling.]

When you've swallowed Scotl's Emulsion by the gallon or the jug,
When you've finished Iodinin' of your back,
Will you kindly drop your sputum in my little china mug
And send it to a party at Nordrach?

He's an autocratic doctor with a rough and ready tongue,

But Tubercular Bacilli can't abide him,
And the patient finds him busy wiping something off his lung

By cramming lots of little things inside him.

Raw meat, cooked meat, meat of a hundred kinds,

Fifty chronics at table, striving to eat their lunch,

Each of 'em doing his level best to swallow the skins and rinds.

Pass your plate for credit's sake and munch, munch!

There are some who "pouch" in secret, asking no permission to,

For they know they wouldn't get it if they did,
Scraps of cheese, and bits of lobster, lumps of meat they couldn't chew,

And a rather more than "gamey" piece of kid.

And havin' been so casual, they feel sorry when they're gone

(For the Autocratic Doctor's sure to "out" 'em).

When their lungs are going dicky with the winter coming on

They'll miss the bloke who understood about 'em.

Cooked food, raw food, plenty of milk and rest,
Quarter o' pound o' butter—Schwarzbrod by the hunch,

Each of 'em tryin' to raise his weight and widen his girth and chest.

Pass your plate for credit's sake and munch, munch!

The Student's Dream.

BY FRANK L. ROSE, M.D.

The day was done, the night was come; it was a gloomy day—

I sat within my lonely room and sadly pondered "Gray,"

'Till suddenly it seemed to me the air grew cold and chilled,

Thick mists and darkness gathered 'round and fear my bosom filled.

Then mists and darkness rolled away and to my gaze revealed

A lot of micrococci in the microscopic field;

While round the edge another crowd, a rod or two from thence,

Were sitting 'round upon the ground or leaning on the fence.

A giant pneumococcus sat on the topmost rail,

And thoughtfully he tickled his proboscis with his tail.

He winked at me his eyelet and he said to me, "Observe

"How easy 'tis to sit upon your pneumogastric nerve!"

"O come and sit beside me here upon your trapezoid,

And rest a spell the tired brain-cell and think with your hyoid.

I'm happy to see you, glad the opportunity permits

And glad to see how perfectly your epileptic fits,

"Say, doesn't your patheticus give you an inward pain,
Or so much flattery tend to make your long saphenous vein?
And if a woman talks too much and dislocates her jaw,
Do you say, 'I Masseter, that must see to what you saw?'

"And did it make him Gray to write Anatomy for you?
Or was he gray before and wished to make you medics blue?
Come be a germ! And do not squirm nor fear to meet your fate,
Though like as not you'll learn just what Corrosive Sublim-ate!

"So dry your tears, allay your fears and be a microbe glorious,
To climb and run with cerebrum and think with your sartorius,
Beef-tea is thin but gelatin and serum make good pabulum—
(To light a match you simply scratch it on your acetabulum!)"

Then all the micrococci waved their little tails before 'em,
And yelled at me in hellish glee, "Profundus digitorum!
Hurrah for H₂SO₄ and H₂NO₃.
Levator labii superioris alaque!"

This frightful yell it broke the spell, I sprung from out my chair
With clammy sweat my brow was wet, all dripping was my hair,
I barked my shins, bewailed my sins, and then I softly swore—
That I would eat mince pie, served hot, for supper never more.

—Alkaloidal Clinic.

Modern Skill.

The Bumfuz had been after him, so he said,
And had tweaked at the burr of his soul;
Had dug out a chunk from the brain of his head,
And instead left a cephalic hole.

Had buzzed off the tip of his ear-sight, and then Plugged him up with a pentagon plug;
Had chuzzled his midriff again and again,
And had built a blue wart on his lug.

Had sizzled the sloue of his striffen to dribs,
And twisted a thrang through his skelt;
And then with the fire of the breath of His Nibs,
Had burnt out the pith of his melt.

Had wreaked through his liver a sunburnt streak,
Then fumbled his giblets for fun;
Had taunted his testes with titillant beak,
And strangled his mind with a pun.

Had churned up his conscience to fibrillant froth,
And chuckled his cheer into cheese;
Then chortled his faith into tribulant troth,
And leered all his love into lees.

Had loosened the screws of his system through-out,
And wiggled the wheels of his head;
Had whortled his notions in whirlpools of doubt,
And drenched all his nature with dread.

The rockiest, wreckiest Rube of the age,
Blue-bordered with festoons hell-bent,
He jabbered in pultaceous, prunk persiflage,
Uncanny and unconfluent.

'Twas a case, I assure you. What did I do?
Got him under hypnotic control,
Then canvassed his body and mind through and through—
Skiagraphed him from pole to pole.

And what did I find? Ah, Science that probes—
Ah, learned and lusterful zeal!
I found that a nation of vagrom microbes
Had conquered his Island of Riel!

Did you cure him? You bet, I'm that kind of a nymph!
I produced a cerebral emesis,
By flooding the Island with toxicous lymph,
And did it by cataphoresis.

I don't care a durn what you think of these rhymes—
Perhaps ther'e not sure of eternity;
But note how I square with the medical times—
Please ponder my ultra-modernity?

—Eclectic Medical Gleaner.

Love versus Science.

FRANK L. ROSE, M.D.

Sam Harris was a westener, just over six feet two,
A big and manly fellow with honest eyes of blue.
He had passed through many dangers and came safe and sound,
Till Cupid let an arrow fly that brought him to the ground.

Miss Theodosia Winthrop was a Vassar graduate,
With a thirst for information that was quite insatiate.

She spoke all modern languages, and that of ancient Greece,
And occasionally English of the purest Bostonese.

She knew all human history, and how the story ran,
From the reign of Bill McKinley back to prehistoric man;
And even further back, to times contemporaneous
With the longimanous gibbous and the anthropophagus.

She owned a lovely microscope and entertained her friends
With the curious revelations of its achromatic lens;
For the "ology" she loved the best was physiology,
And the dearest book of all her books was Gray's Anatomy.

Now for ordinary maidens we are all agreed I hope
That a six-foot man is better than a Reichert microscope.
But let nobody imagine that his difficulty ends
When he finds his "hated rival" is an oil-immersion lens!

So when Harris used to call on her he found to his dismay,

She was quite inclined to view him in a scientific way;
Till one night as he gazed at her, his whole soul
in his eyes,
She gave a sudden start and said in tones of glad surprise,

"Your obliquus internus I am certain has a twist,
Please take me with you when you go to see the oculist.
And then if he should operate while I was standing by
I could see your trochlearis and your motor-oculi!"

Now it wasn't clear to Harris just what purpose it could serve,
To display his trochlearis even if he had the nerve!
So he said to her, "I'm willing to suffer or to die
To show my love but *not* to show my motor-oculi."

"I love you very dearly, but it doesn't flatter me
To be studied from the standpoint of Gray's Anatomy.
If you could only see my heart"—"I wish I could," said she;
"I should so love to study those chordæ tendineæ!"

Poor Harris was discouraged—it was not a pleasant fate
To be studied as a "subject" that is quite beyond debate!—
Till suddenly a light broke in upon his darkened mind,
For a lover must have insight though Love himself is blind.

And a girl with a diploma can be won without a doubt
If the man is diploma-tic too and leaves his English out:
So soon he found that "amo te," "Mein Liebling,"
"Aimez vous?"
Met with no opposition where plain English wouldn't do.
And though he'd never dare to kiss a Vassar graduate,
He found her very willing to learn to osculate;
So there was a modern wedding in a Boston church one day
Where the minister omitted the little word "obey."
Now Mrs. Harris studies the antics curious
Of a vertebrate, articulate, real live Homunculus,
Who cooes and kicks and gurgles and "looks so much like Sam!"
And yells with all the power of his little dia-phragm.

—Alkaloidal Clinic.

Planta Divina.

When the gods, at their symposia,
Supped on nectar and ambrosia,
Surely something more was needed than they knew.
'Tis quite true there was no lack o' Food and drink—but no tobacco—
For the only "pipe" then known Pan softly blew.

At the court where Odin lorded—
Neither he knew—nor yet Thor did—
Of the grateful fragrance of the balmy weed,
For a "pipe" to those Walhallaans,
Meant a many, many gallons
Of their foaming and exhilarating mead.

No! 'Twas left for mighty Gitche Manitoo to send so rich a blessing down upon his children here below.
Fill the calumet and hookah,
And we'll send in wreaths of smoke a savory incense up to Gitche Manitoo.

—The Bohemian.

Good Enough For Him.

BY G. A. MOORE, M.D.

For a doctor old and weary
From his life of toil and love,
Came an angel down from heaven
To transport his soul above.

Said the angel, "I'm from heaven;
The Lord just sent me down
To bring you up to your reward:
To wear your golden crown.

"You have been a friend to ev'ry one,
And workt hard night and day,
You have doctored many thousands,
And from few received your pay.

"So we want you up in glory,
You have toiled both long and hard;
And the good lord is preparing
Your eternal, just reward."

Then the angel and the doctor
Started up toward Glory's gate,
But when passing close to Hades,
The guiding angel murmured "Wait!

"I have here a place to show you;
It's the hottest place in hell,
Where the ones who never paid you
In eternal torment dwell."

And, behold, the doctor saw there
His old patients by the score;
And, taking up a chair and fan,
He wisht for nothing more,

But was bound to sit and watch them
As they sizzle, singe and burn,
So his eyes would rest on debtors
Whichsoever way they'd turn.

Said the angel, "Come on, doctor,
There's the pearly gates I see;"
But the doctor only muttered,
"This is good enough for me."

The Linnet and the Skull.

At a skeleton grim
Jeered a saucy young linnet
Filled with joy to the brim
At that skeleton grim:
"He's a fool—I call him—
See his head—nothing in it."
At a skeleton grim
Jeered a saucy young linnet.
—CAROL GRANT, The Bohemian.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

JANUARY 19, 1901.

WHOLE VOLUME LXXXV.

INFLUENZA OR LA GRIPPE.

BY CHARLES FRANKLIN HOPE, M.D.,
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Influenza or la grippe is an acute, infectious, contagious, and communicable epidemic and sporadic disease, caused by a specific bacillus. It prevails with considerable frequency as a pandemic malady. Of all epidemics, influenza surpasses any other known disease, not excepting cholera and the bubonic plague, in the rapidity of its extension over the globe and of the number of individuals who become infected during its march. Its home is probably in the Orient.

An outbreak of this epidemic will sweep across an entire continent with surprising rapidity. Close research and accurate observation have demonstrated that its progress of dissemination in recent times is considerably more rapid than in former times. Before the era of bacteriological studies, the spread of this disease was attributed to a peculiar miasm which was conveyed by the atmosphere, but an important fact which militates strongly against this theory is that it does not travel any faster than human beings in their travels; in other words, its rate of speed at present is not greater than that of an express train, plus a few days for incubation. Another truth in opposition to the miasmatic theory is that it often spreads from east to west at a time when the prevailing winds are in the opposite direction.

Influenza is by no means a new disease, but it is one of considerable historical importance. Epidemics of this epizootic were certainly known and reported prior to the fifteenth century, and by some medical historiographers it has been traced as far back as the ninth century. The first authentic report of its appearance in England was in 1510, and its earliest recorded advent in America was in 1647,

and since then, at various intervals or periods, a number of epidemics have occurred. In studying the history of its appearances in this country we find that it has raged here epidemically about every twenty-five or thirty years, or on an average of about once in a generation, with numerous minor epidemics, more or less limited in extent, occurring in the intervals. It is probable, however, that the disease has been more prevalent and extensive since 1890 than during any previous decade. During these ten years its dissemination has been so universal that every physician has necessarily devoted a material portion of his practice to its treatment and to the treatment of the many sequels which have followed in its wake. This increment of subsidiary disorders has not been confined to internal medicine alone, but has extended to the specialties, particularly those of laryngology and rhinology.

The disease possesses a variety of names. The scientific name, influenza, is of Italian origin, which indicates that the causation of the disease was attributed to some peculiar influence of the stars—a relic of the old stellar pathology, when the practice of medicine was enshrouded in fanciful mysticism and superstition. The French have bestowed upon it its most significant and popular name—la grippe, or, in common vernacular, “the grip.” The Viennese have called it blitz-catarrh. Among other names which have been used to designate influenza are epidemic catarrhal fever, epidemic contagious catarrh, dandy fever, la coquette and la folette.

One of the most peculiar and striking characteristics of influenza is that no known obstacle has ever proven a barrier to its onward march. It seizes the robust

and the delicate; neither the rich nor the poor are exempt from its attack—no condition or social situation in life can claim absolute exemption or immunity from its pains and penalties. Both sexes are alike victims to this universal epidemic.

ETIOLOGY.

It is now quite generally agreed by medical authorities that la grippe is caused by a very small, thin, non-motile bacillus, with rounded, thickened or knobbed ends, twice as long as broad, which floral parasite was discovered by Pfeiffer in 1892. Desiccation quickly arrests the development of the bacillus, and this fact probably accounts for epidemics during damp seasons of the year, especially during the winter or spring. It is unquestionable that all pre-existing catarrhal conditions of the mouth, throat and nasal passages will render the individual more susceptible to the propagation of these peculiar dumb-bell shaped germs.

Besides the bacillus of Pfeiffer, there may be found present in the organs of patients who die from influenza the streptococcus pyogenes and the micrococcus pneumoniae—a mixed infection.

It is generally accepted that the micro-organisms of influenza enter the system through the respiratory tract.

One attack of influenza does not confer immunity or protection against another. The disease in this respect resembles diphtheria, pneumonia and erysipelas, rather than measles, scarlatina and smallpox. In fact, a person who has had influenza once seems to be rendered more susceptible to the disease in consequence. Recurrences and second attacks are not uncommon even in the same epidemic.

The *pathology* of influenza is, to say the least, very obscure and somewhat variable. It differs very materially with each epidemic, as well as with each individual attack. The morbid changes found after death are commonly those peculiar to the complication which was the essential factor in the production of a fatal termination. Those due to la grippe itself; however, are of a character usual to most forms of acute infective diseases. The lining membranes of the pharynx and entire respiratory tract in a case of influenza of moderate severity are almost invariably hyperemic. Parenchymatous degeneration of the liver and heart-muscle and of the minute blood-ves-

sels is often present. In some cases the inflammatory process extends into the frontal sinuses, the maxillary antrum and to the middle ear. I have observed a limited number of these three complicatory conditions. In a greater number of cases there are present evidences of broncho- or lobar pneumonia. The alimentary or digestive tract very rarely escapes infection. The fever seems to be the direct result of the bacillus, or its ptomaines, on the blood corpuscles and the cerebral nerve-centres, causing intense muscular pain and soreness, followed by marked depression and impairment of vital resistance.

The *diagnosis* of la grippe, except in sporadic or ill-defined cases, seldom prevents serious difficulties. It is recognized by its epidemic prevalence, by the fever and symptoms of catarrh, by the cutaneous hyperesthesia and the severe pains, by the great nervous depression and the complications.

Most medical writers and teachers recognize at least three distinct forms or types of la grippe. In actual bed-side practice the varieties become often so intimately blended and merged together that the classification is rather indistinct.

1. The simple or common variety, which may be mild or severe. It may be uncomplicated or complicated by catarrhal inflammation of the upper respiratory tract. Again, cases of this class may be complicated by broncho-pulmonary affections.

2. Those cases in which the nervous system becomes extensively involved—the nervous or neuro-muscular type.

3. Those cases in which the stomach and intestines are primarily attacked, the symptoms somewhat resembling cholera morbus, or those of acute gastritis with ileo-colitis—the gastro-intestinal or digestive form.

In almost every case of influenza, no matter to which class it may belong, the nervous symptoms and general debility are out of all proportion to the other manifestations of the disease.

GENERAL SYMPTOMS.

The symptoms of influenza originate from two causes—those which are due to the systemic or constitutional effects of a general poison, and those which arise from certain local congestions and inflammations. The two groups of symptoms, the general and the local, may be found

in all possible combinations. La grippe, after an incubation period of from one to seven days, usually begins suddenly with a chill or chilly sensations, followed by an abrupt rise of temperature of three to five degrees. The fever remains fairly constant for two or three days, and then declines by lysis or crisis, and is usually accompanied by sweating. The febrile career is sometimes of the intermittent variety. There is a general hyperesthesia of the surface, and severe shooting neuralgic pains all over the body, but particularly in the head, back and limbs. The catarrhal symptoms are manifested by conjunctival injection, lachrymation, photophobia, sneezing and hoarseness. The nose, eyes, pharynx, larynx, and sometimes the bronchial tubes, are in a state of catarrhal inflammation. Added to these, we usually find a hard, dry, irritable, paroxysmal laryngeal cough, something like that of pertussis, attended by little or no expectoration. The invasion is always marked by lassitude and malaise, and singular nervous depression or extreme prostration, much greater than would be expected from the local disturbances or apparent causes. This fact needs particular emphasis, because from it may be obtained a valuable key-note to diagnosis, prognosis and therapy of the disease. Osler, in writing upon the subject, says: "The depression following the disease is one of the most unpleasant and obstinate features." Tyson says: "Weakness following influenza may be extreme, and the slightest effort, physical or mental, promptly convinces the patient of this, and the duration of the weakness may be prolonged for months."

The early symptoms of the respiratory form, and this is perhaps the most common variety of a grippal manifestation, are the distinct evidences of a coryza, followed usually by pharyngitis, laryngo-tracheitis and bronchitis. The influenza will be ushered in by indigestion, vomiting, chilliness, slight fever and general malaise. The peculiar influenzal cough in this form is one of the remarkable features of the disease, and may prove to be a difficult aspect of the illness from a therapeutic standpoint. It is dry, loud and harsh, remaining so until the decline of the attack. The whole throat is red in color, and the tonsils and pillars are swollen and covered with mucus. Oftentimes this form of attack

will lead to the erroneous diagnosis of pneumonia. In certain instances it will be necessary also to make a differential diagnosis from malaria, measles, scarlet fever, tonsillitis, and a common cold or acute simple catarrh.

The *nervous* or *neuro-muscular* form of influenza is nearly as common as the respiratory. This form bears a certain close resemblance to dengue or break-bone fever. The febrile reaction may be slight, but there is an atrocious and terrific headache, excruciating pains in the back and limbs, as well as other neuralgic pains, and marked prostration. Occasionally there is considerable otalgia or earache. With the advance of the disease there arises a chain of symptoms, varying in severity with the intensity and extent of the infection, from slight irritability, which is associated with every febrile affection, to those closely simulating cerebro-spinal meningitis.

Among some of the other characteristic nervous phenomena of influenza may be mentioned, in the order of their frequency, hyperesthesia, somnolence, insomnia, vertigo and syncope. Suppurative encephalitis does actually occur sometimes primarily, but generally secondary to otitis or pneumonia. Acute melancholia, acute mania and active delirium are not infrequent concomitants of the nervous variety of la grippe. These patients may develop homicidal or suicidal tendencies. Persistent neuralgias are extremely common, and I have had one patient in whom a severe neuritis was encountered. Neurasthenia can often be traced to an attack of influenza, and one which at the time of the occurrence of the original disease did not seem to be of especial severity. On the whole, it appears that the influenza toxine or ptomaine has a natural inclination and a special predilection for the nervous system.

In the *gastro-enteric* or *digestive* form there are anorexia, nausea, vomiting, abdominal pain, and a profuse watery or serous diarrhea. With these symptoms there is extreme prostration, amounting at times to actual collapse. Occasionally constipation predominates.

In all cases of la grippe, of whatsoever form, the digestive organs are implicated to a greater or less extent. Allied to both the nervous and the gastro-intestinal varieties, very rarely we find the typhoid or

febrile type of this disease. In this mixed type the fever is of a continued character, with delirium, dry, brown tongue, abdominal pain and tenderness, tympanites, protracted diarrhea, and various other evidences and symptoms suggestive of typhoid fever.

The *prognosis* in uncomplicated cases of catarrhal fever is always good, and while it is one of the least fatal diseases in itself, the death-rate, owing to the profound depression and exhaustion it induces, and the development of numerous latent diseases, is frightfully increased during its epidemic or endemic prevalence. As the immediate cause of death this disease is responsible for not more than 1 or 2 per cent. of the cases stricken.

The aged and broken-down, the nervous and neurotic, and those who have chronic pulmonary or cardiac ailments, have good reason to look with apprehension on its approach.

In pregnant women an attack of influenza is liable to give rise to miscarriage or abortion, and under such circumstances septicemia and death may ensue.

COMPLICATIONS AND SEQUELÆ.

There are but few acute affections which can compare with influenza in the tendency toward prolific and variable complications and sequelæ. A number of these have been incidentally mentioned.

Pneumonia, in the form of broncho-, pleuro-, or lobar, is the most frequent of any one complication, occurring in about 5 per cent. of the cases.

Not infrequently there are very puzzling irregular or general cutaneous eruptions or rashes, resembling measles sometimes, but more frequently scarlet fever.

Meningitis and cerebritis are among the grave and hopeless complications, occurring either primarily with the invasion of the grippal attack or secondarily following otitis and mastoiditis.

Nephritis, pyelitis, neuritis, tuberculosis, pleuritis, empyema and insanity are occasional sequels of this disease. Purpura hemorrhagica, conjunctivitis, catarrhal jaundice, resulting from gastro-duodenitis, periostitis and various cardiac disorders are among the diseases to be encountered during and after the devastations of the grip.

Following the disease in infancy and childhood, there may be hypertrophied

tonsils, adenoid growths of the pharynx, or chronic enlargement of the cervical lymph-glands.

In all cases one of the most constant and frequent sequelæ is a marked anemia. For a long time the mucous membranes are in an extremely sensitive condition.

Convalescence after influenza is sometimes very slow, and it occasionally happens that many months have elapsed before the full effects of a severe attack have entirely disappeared.

TREATMENT.

When it is realized and understood that influenza, aside from being transmitted through the air, is also communicated from one person to another by direct contact, the question of prophylaxis arises. The essential measure of prevention is early isolation. In this manner the disease may be confined to a single member of a large family. Careless exposure to atmospheric changes and grippal surroundings must be avoided. During the continuance of an epidemic of influenza any respiratory or digestive disturbances should receive prompt and appropriate remedial treatment, thereby fortifying the system as much as possible against the infection.

It is perhaps needless to state that general hygienic rules must be studiously observed and insisted upon. Absolute rest in bed is a *sine qua non*, and the patient should maintain this continuous rest during the entire course of the disease. The early prostration calls for wholesome, nutritious and easily digested diet. Beef tea or the expressed juice of lean meat, milk, eggs, and farinaceous food must be given in small quantities and frequently repeated. From the first the heart demands attention, and efforts must be made to strengthen it and keep it braced up against the shock that always comes sooner or later.

In the active treatment of influenza, which, from its nature, is chiefly symptomatic, there are two remedies of unusual value and potency, and they have not so far, it seems to me, received the deserving attention and use that their intrinsic merits warrant. These drugs are old and reliable remedial agents, but they have been to some degree neglected and abandoned in consequence of the immense deluge of new remedies, good, bad and indifferent, which modern chemistry and pharmacy have evolved during recent years. Too much

reliance and trust have been placed upon the tempting and seductive allurements of the new series of anodynes and febrifuges.

Without attempting to explain in what particular way the drugs which I recommend in the treatment of influenza act upon the human economy—without going into the details of their physiological actions—I wish to state emphatically that any physician will find on trial that his influenza patients using them will be afforded quick relief and make a speedy and thorough recovery. They are potassium bicarbonate and sodium benzoate. Either one of these remedies, given early, will, in nearly every instance, abort a common cold very effectually and almost at once. For this purpose I use one or the other of them to the exclusion of everything else, and always with the happiest results. There is but little choice between the two, judging from the clinical and therapeutic effects. As abortifacient remedies in the incipiency of acute lobar pneumonitis, I am of the opinion that they will rank as equals with almost any other known means at our command.

It is quite often possible, by employing large doses of potassium bicarbonate and sodium benzoate, to cause the protean symptoms of influenza to subside within forty-eight to seventy-two hours, and to reestablish immediately the normal adjustments of the body. These remedies are well borne by elderly and weak persons, as well as by children. There are no contraindications. The bicarbonate may be administered in solution in milk or in sweetened aromatized water, and the benzoate in powder or solution. The adult dose of the former is from twenty to sixty grains, and of the latter from ten to forty grains, but either may be safely given greatly in excess of the maximum amounts stated. Infants and children should receive doses in proportion to the age. These drugs can, of course, be combined with any other symptomatic remedies that may seem desirable, provided there is no chemical incompatibility. No matter what complications may arise, patients will receive marked benefit from these remedies. They will show much less systemic weakness and heart depression, and whether the disease affects the brain, the lungs, the heart or the bowels, or any combination of these organs, I feel confident that no

treatment will do more genuine and permanent good than full doses of potassii bicarbonas and sodii benzoas.

A great many remedies have been lauded in the treatment of the grip. Camphor, the ammonia salts, the various antispasmodics and quinine, have had their trial, and in the main have been found ineffective. Tons of antipyrine and acetanilid or antifebrine have been expended upon this one disease.

Antipyretics and febrifuges in the form of the coal-tar preparations, intelligently chosen, are of undoubted value in properly selected cases of la grippe, but they should be administered cautiously and their untoward effects carefully watched. They simultaneously reduce pyrexia, relieve pain, allay nervous irritability, and procure sleep. To combat and counteract any depression, they may be combined with some reliable heart stimulant.

Among the countless sedatives and anodynes which have been used in the therapy of influenza, may be mentioned: Acetanilid, antipyrine, ammonol, benzol, kryofine, lactophenin, neurodin, peronin, phenalgin, phenacetine, sal-bromalide, thermol, tolysal, triphenin, thermodin, salipyrine, salophen and many others.

With reference to the indiscriminate use and abuse of the foregoing drugs, I desire to quote a paragraph from Dr. A. Jacobi, of New York, one of the greatest American pediatricians, who says:

“ We should not forget that most of our antipyretics are at the same time nervines and diaphoretics, thus improving comfort and metabolism.

“ In my paper of 1890 I said that acetanilid ought to be preferred among the poor because of its low price, antipyrine mainly where great solubility was required, and that phenacetine was preferable to either when it could be given by the mouth, because of its less uncomfortable effect on the brain, the heart and the skin.

“ This opinion I have to modify to a certain extent, not that I object to what was said of phenacetine, but acetanilid should never have an opportunity to show what good qualities it may have in the rich or poor. It should not be used at all under any circumstances. This is what gives rise to cyanosis, more often than after the administration of any other of our modern analgesics and antifebriles.”

In conclusion, it should be remembered that it is important to give appropriate attention to the comparatively little things and minute details that make influenza such a distressing and disagreeable complaint.

If the cough is very stubborn and protracted, minute doses of creosote with glycerine, whisky, if necessary codein, and a pleasant adjuvant may be given, or one tablespoonful of the compound tincture of benzoin, added to a quart of boiling water and inhaled, acts as an admirable respiratory antiseptic, expectorant and anti-spasmodic.

In case the stomach is irritable and rebellious, as indicated by nausea and vomiting, one-tenth grain of calomel with one grain of sodium bicarbonate every hour will relieve this condition. Cerium oxalate and bismuth subnitrate combined are likewise valuable antiemetics and stomachic sedatives.

For severe neuralgic pains small doses of one of the anodynes named above will afford relief, and of these I would respectfully suggest and recommend phenacetine, thermol or salipyrine.

If delirium and insomnia be present, urethane, chloral, hedonal, the bromides, sulfonal or trional may be administered as effective soporifics and hypnotics.

Bronchitis and the pneumonias should be treated as if no other disease were present, but great care must be taken not to depress the patients—these patients are invariably adynamic.

Finally, if the cardiac action be weak, heart tonics and stimulants should be resorted to without unnecessary delay. For this purpose a good selection may be made from the alcohols, camphor, strychnine, digitalin, caffeine, sparteine, glonoin, strophanthin, musk or cactus, conjoined with general tonics. In cases denoting the utmost gravity, as indicated by collapse and rapid heart-failure—cases in which dissolution seems to be inevitable—I know of no measure that will begin to compare with large, hot enemata of decinormal sodium chloride solution. In rescuing an imperiled life nothing will exceed this simple procedure—it may be the only factor in averting an otherwise certain death.

This brief outline essays to give only a few of the salient points and features which demand considerate attention in

the therapy of epidemic influenza. Much will depend upon the sound judgment and the ingenuity of the individual practitioner, and when carefully treated, although the infection is severe for a time, success will prevail in a very large percentage of our cases and the disease will leave no indelible traces of its ravages in the healthy individual. But our anxieties will be awakened in old alcoholics, in diabetics, in the atheromatous—persons suffering from arterial or cardiac degeneration, and in old age. One should be particularly anxious about patients who have a strong tendency, hereditary or acquired, to tuberculosis, and such cases should be watched during convalescence with the greatest solicitude.

A Simple Method of Writing Prescriptions for Children.

Max Huhner, in the *Med. Record*, of November 24, 1900, gives a simple dose method for prescribing for children. It is based on Cowling's rule that the dose suitable for a child is obtained by dividing the age of the child at the next birthday by twenty-four. The simple method of writing the prescription is to have it contain twenty-four doses; hence for a child one year of age the amount in the prescription would be exactly the adult dose; if the child is three years old, three times the adult dose; if ten years, ten times. The method is simple and avoids a complicated calculation. It holds good for all those remedies to which Cowling's rule is applicable. In the case of opiates the amount must be diminished one-half.—*Medicine*.

IN diabetic coma intravenous injections of alkaline solutions hold out the best hope. These should if possible be used early before coma comes on. When the patient shows progressive aggravation, a feeble pulse, lowered urine, slow respiration, with increased dyspnea, nausea, and vomiting, an intravenous alkaline infusion of 300 to 375 grains of bicarbonate of sodium with 112½ grains of chloride of sodium to 1,000 parts of water should be given at once.—*Journal of Medicine and Surgery*.

RHUS aromaticata is a valuable remedy in enuresis of children. Dose, from five to ten drops, three times a day, of the fluid extract.—*Med. Summary*.

"WAS DEATH DUE TO CHLOROFORM?"

BY J. F. BALDWIN, M.D.,
COLUMBUS, O.,
SURGEON TO GRANT HOSPITAL.

Under the above title in the issue of the *LANCET-CLINIC* of December 29, 1900, Dr. J. C. Oliver, of Cincinnati, reports a most interesting case, in which a young adult male, after a not particularly important operation, during which chloroform anesthesia had been characterized by nothing peculiar, forty-five minutes after being put to bed suddenly developed respiratory failure with prompt cessation of the heart's action and death, in spite of artificial respiration and other means resorted to for obviating this unfortunate result. Death in this case could apparently be referred to nothing save the anesthetic, and yet such a manner of dying is very unusual. The autopsy, however, failed to reveal any other cause for death, and we are, therefore, though perhaps rather reluctantly, obliged to answer the surgeon's question in the affirmative.

Interest in this subject may perhaps be furthered by a brief report of the two following cases:

CASE I.

August 22, 1900. Dr. M., aged seventy-five. Sarcoma of the right upper maxilla of one year's standing. General health good. Heart, blood-vessels and kidneys normal. Was fully informed as to the hazard of the operation in one so old, but expressed a preference to die on the table rather than endure his present and prospective sufferings. The operation, which was made in the presence of a number of physicians, friends of the doctor, was made as rapidly as possible, and there was only the usual amount of hemorrhage, which was controlled without difficulty. The patient left the operating-table breathing naturally and with an excellent pulse. One or two professional friends accompanied him to his room, and word was sent to me in about an hour that he was not breathing well. I at once visited him and found what seemed to be an entire paralysis of the respiratory centre. Artificial respiration was being kept up, and had been found necessary at short intervals for about fifteen minutes. In addition to the artificial respiration, strychnia and atropia hypodermically were used; also

transfusion of salt solution, tongue traction, lowering of the head, etc., but at no time was there apparent any respiratory reflex. As long as the artificial respiration was kept up the pulse remained good, but as soon as this was suspended the pulse became feeble and more frequent. Artificial respiration was maintained steadily for something over six hours. During the latter part of this period cardiac failure became marked, and finally the heart's action ceased. There was no return of consciousness. No autopsy.

In this case we had failure not only of the respiratory, but also of the circulatory centres, the latter being clearly secondary.

CASE II.

December 27, 1900. Mrs. McI., patient of Dr. Ramsey, of Cambridge, O. Aged forty-nine years. General health good. No evidence of any disease of heart or kidneys. The operation consisted in an abdominal pan-hysterectomy for supposed malignant disease. Chloroform anesthesia. There was some difficulty experienced by the anesthetizer in getting the patient under the influence of the anesthetic; he stated subsequently that her breathing stopped once or twice during this period. This, however, being by no means unusual, did not alarm him, and after getting her under the anesthetic there was no further trouble on that score. The operation was proceeded with without any hitch; only a few drachms of blood were lost, and the operation was completed in considerably less than one hour. Patient left the operating-table in excellent condition, breathing quietly and with a good pulse. Three-quarters of an hour after the patient was returned to bed respiration suddenly stopped. The nurse promptly instituted artificial respiration, and in this she was soon after aided by medical assistance. Strychnia was given, and also atropine, nitroglycerine, brandy and digitalis. Saline solution and brandy were also given by the rectum. After about two hours voluntary respiration was resumed, the respirations becoming, however, more and more rapid, so that in the course of six or eight hours they numbered 44. The pulse became more rapid, reaching 130 to 140, where it remained for several hours, then becoming much more rapid until shortly before death it numbered 170, and soon became imperceptible. The tem-

perature during this time shot up very rapidly, so that at the time of death the thermometer registered 104.4° . Death occurred at midnight, about thirteen hours from the completion of her operation. At no time was there evidence of any consciousness. No autopsy.

In this case there was nothing septic in the patient herself, while every care was taken to avoid infection during the operation, even to the use of rubber gloves by myself, assistant and nurse. Here we apparently had a temporary paralysis of the respiratory centre, followed by paralysis of the cardiac and temperature centres. There was no hemorrhage. There is no known infection that could give such a result.

The only explanation in these cases, therefore, seems to be that death was due to the anesthetic.

The three cases are in some respects quite similar.

On the Pathology and Therapy of Angina Pectoris.

Dr. Theodor Schott (*Lancet*, September 8, 1900) adheres to the Stokes-Parry theory of the causation of angina pectoris; i.e., that it is due, not to an increase, but to a further reduction of the muscular energy of a heart already enfeebled. The associated pathological processes are sclerosis of the coronary vessels, alterations of the aortic valves, and ectasic aortitis, which latter has a special stenotic effect upon the origin of the coronary vessels. These conditions, together with the resistance of the contracted arterial system, induce weakening of the heart. A moderate distention of the heart may lead to a temporary occlusion of the coronary vessels at the point of an already existing constriction, and so bring on an attack of angina pectoris. In other cases, a thrombus or embolus may be the cause of the block.

In the treatment of the anginal fit itself, the writer prefers nitroglycerine to amyl nitrite. External dry heat is often of service. For the treatment of the heart in the intervals between attacks the author recommends the Nauheim baths, as introduced by himself and his brother, but lays stress upon the fact that advanced sclerosis contraindicates this treatment.—*N. Y. Med. Journal.*

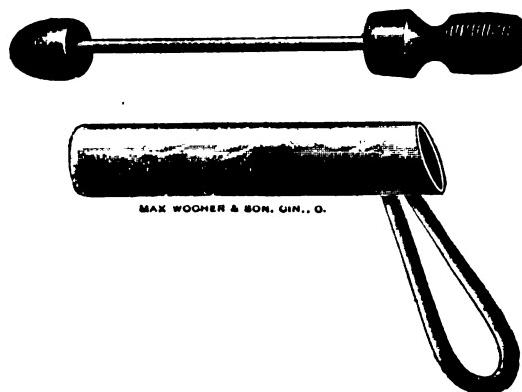
AN IMPROVED RECTAL SPECULUM.

BY L. J. KROUSE, M.D.,
CINCINNATI.

The accompanying cut gives a very good idea of the shape of the new improved speculum.

It consists of a plain hollow tube with an obturator, a handle attached obliquely to one end, and an opening which is cut obliquely across the proximal extremity.

The advantages of this instrument over all the others of the same pattern lie in the fact that none of the rays of light, which are reflected from the head mirror, are



MAX WOHLER & SON, CINC., O.

interfered with; all of them enter the tube of the instrument, pass through it, and illuminate the object to be inspected.

In the old instrument the funnel-shaped entrance of the speculum receives some of the rays; these are reflected from its polished surface and are deflected across the entrance of the tube, interfering with the direct rays coming from the mirror, thus taking away a good deal of the light and obscuring the picture.

The opening of the speculum is oblique for the reason that it shortens the length of the canal and gets the eye nearer to the illuminated object.

These specula are made in various lengths and diameters.

Typhoid Fever.

At the beginning of the disease give ten grains of calomel on alternate days. Give one grain of carbolic acid and three drops of tincture of iodine every four hours during the entire illness.—*Augustus Elliot.*

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of November 12, 1900.

THE PRESIDENT, C. L. BONIFIELD, M.D.,
IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

Two Specimens of Cancer of the Uterus.

DR. RUFUS B. HALL: The first specimen presented is one of cancer of the body of the uterus. The patient, Mrs. G., mother of several children, was referred to me by Dr. C. T. Hall, of Mason, O. She had passed the menopause five or six years preceding the present illness. She had had uterine hemorrhage for several months, at times quite profuse. Some three weeks before she visited me Dr. Hall made a physical examination and discovered a sloughing mass protruding from the cervix into the vagina. He removed this by the use of the curette. The patient lost a great quantity of blood during the operation, but after the operation the hemorrhage ceased for a time. In a short time the hemorrhage returned and he made further examination, and found that the growth was again protruding into the vagina. At this time he advised the patient to consult me, which she did on October 19. The patient was given an anesthetic and the uterus thoroughly emptied. A half-pint of soft, cancerous tissue, almost as soft as brain substance, was easily curetted from the inside of the uterus. The diagnosis of cancer was confirmed by the use of the microscope. This operation stopped the hemorrhage for a week, and the disagreeable stench which had been present disappeared. Ten days later, on October 29, vaginal extirpation of the uterus was made and the specimen here presented removed. The disease appears to be confined to the uterus, and the operation ought to give her a fair chance for immunity in the future. The patient had an easy convalescence, and I have no hesitation in saying that she will recover.

Specimen No. 2 is one of cancer of the cervix complicated by old inflammatory

disease of the ovaries and tubes, removed from Mrs. P., mother of one child, twenty-five years of age. This patient was referred to me by Dr. Whallon, of this city. I first saw her about October 12. At that time she had an outgrowth from the posterior lip of the cervix an inch in diameter and about an inch or an inch and a quarter in length, somewhat pedunculated. It did not look unlike a polypus. This was removed October 14 and given into the hands of Dr. S. E. Allen for microscopical examination. He pronounced it cancer, confirming our suspicion of malignant disease. An operation for removal of the entire uterus was then advised and after due consideration was accepted. This operation was made November 8 by the vaginal method. The case is one of unusual interest on account of the extensive inflammatory disease of long standing with very firm adhesions. This made the operation exceedingly difficult, but it was finished by that method. The uterus was so fixed that it could not be easily brought down, as is usually the case in vaginal extirpation of the uterus. The intestinal adhesions were very firm to the whole upper part of the fundus of the uterus. The ovaries and tubes were removed with the uterus. The patient is thoroughly convalescent, and I feel certain that she will recover.

A few years ago a fixed uterus with cancer of the cervix was regarded inoperable, but there is no reason why a woman should not be operated for cancer of the cervix if the fixed condition of the uterus is due to previous tubal and ovarian disease of long standing.

Specimen of Carcinomatous Liver.

DR. E. W. MITCHELL: I have here a specimen of a carcinomatous liver, in which organ the disease is apparently primary, a rather rare condition. The man was first admitted to the hospital on July 16 on the service of Dr. Eichberg, who was at that time taking Dr. Holt's service. The patient was a male, forty-seven years of age, a blacksmith by occupation. At the time he came in a diagnosis of carcinoma of the stomach was made. He came in complaining of pain in the region of the stomach, and there was also present a lump in the abdomen, in the epigastrium. The inquiry into his family history elicited nothing; there was no history of malig-

nant or tubercular disease. Prior to his entrance into the hospital he had been losing weight for five or six weeks. Up to that time he had always been in good health, according to his own statement. He was jaundiced at the commencement of his trouble, but not afterwards. When he came into the hospital his bowels were constipated; what stools he had were light yellow in character, and he had severe pains in the epigastric region. The lump which was felt in the abdomen in the epigastric region was situated more to the left than the right side, and it now appears that this enlargement was the left lobe of the liver. On July 17 he was given a test breakfast and his stomach washed out. Hydrochloric acid was found to be present. On the 19th the same was repeated, and an examination of the stomach contents showed no hydrochloric acid and a very slight lactic acid reaction. On the 26th, after the same course had been followed, hydrochloric acid was absent and lactic acid was present.

He was discharged on the 17th of September, on his own request, and was readmitted on the 11th of October on my service. Again the history-sheet bears the heading "Carcinoma of the stomach." During the three weeks he was out of the hospital ascites developed, which gradually increased. The cachexia was very pronounced. He then vomited at intervals. A nodular mass in the epigastric region, extending from the ensiform cartilage to within an inch of the umbilicus, could be plainly felt. The left lobe of the liver was enlarged, but the right lobe not very greatly. He continued to run a steady course downwards, and died on the 30th of October from general asthenia.

While he was in the hospital I presented the case at the clinic as one of carcinoma of the stomach, with secondary involvement of the liver. The cachexia was very characteristic of carcinoma of the stomach. Although he had had no "coffee-ground" vomit, there had been enough vomiting to be consistent with a diagnosis of cancer of the stomach. The post-mortem showed the stomach to be entirely free from any disease.

We see illustrated in this case that the absence of hydrochloric acid and the presence of lactic acid is not invariably a diagnostic sign of carcinoma of the stomach, and also that other signs supposed to be

diagnostic of cancer of the stomach sometimes fail. Careful search was made by Dr. Bettmann at the autopsy to discover any primary deposit, but none was found. The whole alimentary tract was examined, the rectum being particularly investigated. There were cancerous glands in the immediate neighborhood of the liver, but they were evidently secondary to the growth in the liver. As you see in the specimen, the liver has so completely undergone carcinomatous degeneration that scarcely a trace of normal liver substance is to be found.

Specimen of Soft Fibroid of the Uterus.

DR. GILES S. MITCHELL: This specimen, consisting of uterus, tubes, ovaries and a large submucous fibroid, was removed by me by abdominal section October 20, at St. Mary's Hospital. I was assisted in the operation by Dr. Wenning. The tumor, as you observe, is soft, uniform in outline, and fills the entire uterine cavity. So soft, indeed, is the growth that even to an educated touch it imparts the sensation of fluctuation.

Patient, Jennie F., single, aged forty-six, gave the following history: Has always been delicate. Ten years ago had catarrhal jaundice. Father and mother dead. Two brothers dead, one of tuberculosis and the other of Bright's disease. Has always suffered from dysmenorrhea. Began to have flooding spells one year ago. Usually constipated. Has much pain in pelvis, especially on right side. Suffers almost constantly from headache, and is very nervous. No vesical irritation.

Patient reacted promptly, and highest temperature was 101°, twenty-four hours after operation. Patient voided her urine naturally. Bowels were thoroughly moved on third day. Since two days her temperature is normal. I think her recovery is assured.

(Miss Jennie F. left the hospital, cured, November 24.)

Intraligamentous Cyst.

DR. C. D. PALMER: The following case presents some definite points of more than ordinary interest, so I deem it worthy of a report.

Mrs. S., aged twenty-five, colored, the mother of one child, five years old, came under my observation in our Cincinnati Hospital on August 17 last. She

was spare, very poorly nourished; had complained for a long time, especially during the past two weeks. Her pulse was then feeble, about 110, and her temperature 100° F. Urine nominal, specific gravity 1016, no albumin, no sugar; bowels slightly constipated. Bimanual manipulation easily detected the presence of distinct enlargements in either iliac region—the larger one on her right side. These were tender to touch.

Within a few days, after the usual precautions and preparations, the section of the abdomen was commenced. After the separation of some omental adhesions about the right broad ligament, a distinct cystic tumor, the size of a large fetal head, was detected within the folds of that ligament. In its enucleation a rupture occurred, and a half-ounce of purulent-looking fluid, without odor, escaped. The corresponding tube was diseased, and, of course, removed. Two ligatures of cat-gut were placed on each side, one exterior to the infundibuliform process and the other near to the uterus, not, however, including the round ligament. It was then expected that the opposite cyst, somewhat smaller, could be removed in a similar manner, but its position and connections were so intimately blended with the left lateral uterine wall that its extirpation without serious interference with the utero-ovarian anastomosis of vessels, and the leaving behind of much ragged tissue was impossible. Therefore, it was at once determined to remove the uterus also. This was done at the supravaginal junction, and the gaping surfaces were stitched over with fine cat-gut. A good-sized opening was made into the peritoneal floor, behind the cervix uteri, for free drainage. Several minute vessels, branches of the internal iliac, were sutured with fine cat-gut. A long section (three inches) of the left ureter came in view, but it was uninjured. The peritoneal cavity was then irrigated with several gallons of hot (110° F.) water, medicated with sodii chloride. The abdominal incision was closed with the through-and-through silkworm sutures. The whole operation, up to the irrigation with hot water, was done in the Trendelenburg posture.

She took the anesthetic poorly. As is my custom, a hypodermic injunction of morphia (gr. $\frac{1}{8}$) and atropia (gr. $\frac{1}{200}$) was administered some ten minutes preceding.

The starting with chloroform was changed to ether before anesthesia was complete, and strychnia (gr. $\frac{1}{80}$) was also administered at this time.

Our feeble patient was nearly pulseless at the time the abdomen was closed. So she was kept in the Trendelenburg position for hours, and strychnia (gr. $\frac{1}{80}$) was given hypodermically every three hours. Some stimulation was also given per rectum.

On September 6 a small fecal fistulous opening was noticed in the line of the abdominal incision. It discharged chyle only.

She always eat poorly, notwithstanding every effort, in the way of a tempting diet, was used.

She complained of no pain, was not tender to pressure, had no tympanitis, and at no time after the operation had she any temperature above 101° F. She gradually, however, became weaker from imperfect alimentation, and died on the 16th of September. I was absent from the city at the time, in Asheville. The autopsic record of the hospital says that no noticeable cause for death could be detected. The intrapelvic condition was excellent. Nature had walled off the fistulous track from the peritoneal cavity. Death evidently came from exhaustion in a badly nourished subject.

It must be borne in mind that the continued stay of this patient in our hospital was during our very warm, prolonged, enervating summer.

I take it that these two cysts, which were multilocular, and which grew within the folds of the broad ligament, or, in other words, were extraperitoneal or intraligamentous, were distinctly ovarian—or of the adenomatous variety of ovarian cysts. They were not unilocular or papillomatous, as is the rule with intraligamentous cysts.

No leucocytotic examinations of the blood were made.

These cysts clearly contained pus. The general symptoms of the patient indicated the presence of some inflammatory mischief going on within the pelvis. Small cysts, which remain fixed within the pelvis, in close relations with pelvic viscera, are more subject to inflammation than large growths which fill the abdomen. The microscopical examination of the cervical uterine discharge showed no specific, but there must have been some septic, infec-

tion from the uterus. Unquestionably the fecal fistula would have eventually closed in time, for its presence in no way modified the prognosis. Personally, I have always found these tracts to spontaneously close.

The failure to enucleate the left cyst, in close and intimate relationship with the uterus, was, in my judgment, not only justifiable, but necessary, for the clean, thorough and successful surgery of the case. Instead, then, of the enucleation of intraligamentous cysts, a tedious, difficult procedure, with increased dangers of sepsis and hemorrhage, it is best to remove the tumor with the uterus, by an abdominal hysterectomy, after the Baer method.

Obstruction of the Bowels Due to Intussusception.

DR. L. E. COOK: M. F., seven years of age, well developed for age. Was called on morning of June 28, 1900. Child was perfectly well the day before, playing about, and went to bed perfectly healthy. Had an attack of ileocolitis three years ago, since which time she has had several attacks of intestinal indigestion. On this morning she awoke at 5 o'clock, began vomiting and complained of cramps and pain in the left iliac region. Pains very severe and localized about one and one-half inches above the crest of the ilium and about two inches from midline of abdomen. Palpation unbearable. No temperature. Vomitus consisted chiefly of mucus. Gave provisional diagnosis of intestinal indigestion and ordered hot applications to abdomen and some calomel and soda internally. During the day bowels were moved by large enema, which brought with it some undigested food. Vomiting continuous, accompanied by much retching. Gave her ice to suck and teaspoonful doses of lime water. Ordered another enema, but it came away clear.

June 29. Passed very bad night, pain continuous, no sleep, very restless. During day vomiting still persistent. Gave small enema, with some chloral and bromide soda. Slept about half an hour.

June 30. Pain somewhat diminished, and for first time could make thorough examination. Made out small elongated mass about an inch to an inch and a half long, in left iliac region. Abdomen flat. Rectal examination negative. Diagnosis

changed to obstruction with intussusception. Gave rectal enema high up. No result.

July 1. Passed restless night, somewhat better than night before, vomiting having stopped for six hours. At 7 o'clock in the morning vomiting began again, becoming bilious. Consulted with Dr. R. Stewart, who confirmed diagnosis and advised laparotomy, but first to try another enema of water at 105° with high pressure. This was done with bag of syringe about eight feet from floor and using about one and one-half gallons of water, patient in knee-elbow posture. Vomited copiously during injection, but did not complain of much pain. After enema she passed some small fecal masses, which were soft; also much gas (the first since beginning of sickness). Vomiting stopped until evening. Improvement so much that postponement of laparotomy was advised. Mass in left iliac region gone. Vomited slightly in the evening, and consulted with Dr. Ransohoff, who recommended careful watching until morning, and if things were no better to operate.

July 2. Child passed fairly good night, vomiting stopped and bowels moved once. During day began rectal feeding of peptonized milk and egg. Improvement marked.

Began feeding by mouth on the 4th, and by the 8th she took solid food. Was out of bed by the 14th. Temperature throughout attack seldom elevated more than one degree. Pulse fair until about the fifth day, when it became very weak.

NAEGELI states that the projection of the urethral orifice, which is the peculiar guide to the finger in passing the catheter, is not present in the virgin, unless she has masturbated. After masturbation or defloration alike the so-called bicuspid valve of the urethra, a fibro-elastic structure, which causes the meatus to assume the shape of an inverted V, becomes altered in such a way that it projects and forms the protuberant lip of the orifice. This valve has therefore been called the "second hymen."—*Med. Times.*

IN the form of enema, turpentine will destroy ascarides, and is entirely safe administered with mucilage or any bland oil.—*Med. Summary.*

Translations.

MEDICINE AND MORALS OF ANCIENT
ROME ACCORDING TO THE
LATIN POETS.

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

I.

Lyric, Elegiac, Epic and Didactic Poets
—Ovid, Horace, Catullus, Tibullus,
Propertius, Virgil, Lucanus and Lucretius.

OVID.

The poet of the "Metamorphoses" and the "Art of Love" was born the year Julius Cæsar died (44 B.C.). He belonged to a noble and powerful family. At the age of sixteen years he assumed the purple robe of the sons of the chevaliers, and was sent to Athens, where he studied Greek literature. His nature was eminently sensitive; all his life was dominated by love and poesy, one going with the other. As if in revenge, he had a contempt for the false joys of ambition; he refused high appointments and honors that were offered by Corrina and by the Emperor, of whom he was the intimate friend. He only accepted from Augustus the position of Decemvir, that he held but a short time, for the affection of kings is of brief duration, and their friendship is often followed by disgrace. Ovid, in fact, was soon sent into exile, into the wild marshes of Scythia. What was the crime he committed? It is necessary to seek after a woman; in one of his epistles to Horace he accuses the grandson of Augustus with incest with his sister Julia, of whom he was the heart friend. This was enough for reflection on the "Art of Love" at a long distance.

In the "Metamorphoses" of Ovid we find a series of charming fictions, gracious allusions, delicate allegories, under which are most often hidden the marvels of nature. In these immortal fables of antique poetry we discover at each step the proof of a very extensive historical knowledge, curious notions about astronomy, medicine and the natural sciences, most admirably polished and chased, from which

sparkle with an incomparable brilliancy the most beautiful secrets of morality and the most seductive facets of the human passions.

Like Hugo, like Musset, like Murger, Ovid was a born poet, a divine muse, singing on its part, and from its works, what antiquity has bequeathed us as a royal gift. One of our litterateurs has recapitulated its beauties in a word when he said: "It is there that we drink in poesy from an overflowing cup." What can one add to that?

Our part does not consist in wetting our lips from this poetic cup. Others have performed this task before us, and with a literary competency to which we have no right. We must confine ourself to investigate in the marvels of fable and the wonders of nature, and pick out the good things from the midst of the beautiful thoughts, of which Apollo is the God, as he is also the deity of medicine and all the sciences in general.

In the description of chaos, that serves, so to say, as the basis of his "Metamorphoses," Ovid is not far from wrong of the facts accepted by geologists at the present day. Everywhere where there was earth, everywhere is there also water and air. The earth was without consistency, the sea was not navigable, the sky was without light.

"Quaque fuit tellus, illic et pontus et aer;
Sic erat instabilis tellus, innabilis unda,
Lucis egens aer."

What, then, was earth at the beginning? A sphere of vapor and gas progressively condensing, an unequal surface formed by an uneven surface of solidified material, holding imprisoned minerals in a state of fusion, masses of water floating in the atmosphere, turning into torrents of rain, filling immense depressions and basins formed from eruptive upliftings, afterwards collecting into deep lakes, hot and smoking seas. The poet has remarked—

"Omnia pontus erant."

What happened afterwards? Consult your geology and you will see there the atmosphere was purified, lighted up, storm clouds and mists cleared; afterwards across these dispelling hazes, beyond these fleeting clouds, in the depths of the skies, appeared a red disc of luminosity. It was the sun, of which the first rays carried

light to the world. Ovid has given us this description. He even went further; he understood that solar heat dissipated pestilential exhalations produced by the humidity of the soil. He understood it in the fable of the serpent Python, that Apollo, God of Light, pierced by his arrows.

"Hanc deus arcitentis, et nunquam talibus armis."

The explanation of this allegory is too simple not to be understood by all the world. Poesy had recourse to a fabulous history, in order to explain that the physical is attached to a natural cause. Poets have always been the first instructors of the peoples. The planet had taken a new form; a new phenomenon, up to then unrealized, is presented. It is life, manifested for the first time on earth.¹

Man makes his entrance into the world, and as soon as we see the family created, we note that Apollo is eager to reveal his secrets, love and glory. He initiates man to divine sentiments; he teaches him to crown with oak leaves the vanguishers at the public games. He is made the lover of Daphne.

"Primus amor Phœbi Peneia."²

Petrarch, in celebrating his mistress Laura, did he wish to allude to the lover of Apollo? Perhaps so. Like Verrain,

¹ In order to explain the creation of man, the poets resorted to an ingenious fiction. The son of the earth, Prometheus, had made his statue of clay, but was incapable of giving the figure movement and life. Under the guidance of Minerva, he passed through celestial space, gathering, as he passed in the whirling planets, the influence that he considered as useful for the temperature of the humors. Afterwards, under the mantle of the goddess, he approached the sun, suddenly filling a crystal phial with a chosen portion of solar rays, and then eagerly returned to his statue. He made it breathe from the flask the divine phlogistic. The latter penetrated the statue's head, entered the fibres of the brain, and life appeared. Man saw and manifested his first sensation by sneezing.

"The history of Prometheus," says M. H. de Guerle, "permits us to see, at the time of earliest antiquity, the knowledge of the actions of electricity, showing man the first link of the chain that connects it to the general system of creation, that reveals finally the highest principle of the physical and natural religion. To us it appears to depict, in an interesting manner, nature and man at his birth."

¹ Daphne was the first love of the god of poesy.

the laurel was always consecrated to enchantments. Fontanelle has written, as regards this allegory, a very pretty sonnet:

"I am," said Apollo to Daphne,
In the good old days of yore,
When all out of breath he chased her,
And told her his love and more.

"I am the god of delicious verses,
But to poesy's charms she is mute,
Her heart is e'en set against me,
She hears not my musical flute.

"I know the virtues of every plant,
Of the roots and herbs of the sod,
But Daphne flies more swiftly away,
When she knows I'm a medical god."

Ah! the name "medical god" was fatal.
He was young, in love, and would wed.
Had he called "Behold your conquest!"
Daphne might have turned her head.

Besides, we have elsewhere shown what was the rôle of Orpheus.¹ At the same same time poet, legislator and physician, he sought to soften the savage morals of the primitive peoples of Greece. Ovid understood, like the author of "Precious Stones," the influence of the marvellous on mankind.²

He has well rendered the ingenious images that express the power of the lyre of Orpheus over the grossest natures—

"Carmine dum tali sylvas, animosque ferarum,
Threicius vates, et saxa sequentia ducit."

This thought is also found admirably expressed in Horace—

"Sylvestres homines sacer interpresque deorum
Cædibus ac victu fodo deterrit Orpheus;
Dictus ab hoc lenire tigres rabidosque leones."

Or, as it might be said, in very poor English verse—

Priest of the gods, Orpheus from heavenly portals,
Laws, morals, altars left on history's page.
His lyre soothed the hearts of savage mortals;
'Tis said it softened e'en the lion's rage.

In the poetry of Ovid one does not meet the same mysticism as in the Greek poets.

¹ Dupouy: "La medecine dans les poetes Grecs."

² "Te precor, o vates, adsit tua laurea nobis;
Carminis, et medicæ, Phœbe, repertor opis.
In pariter vati, pariter succurrese medenti;
Utraque tutelæ subdita cura triæ."

Inventor of poesy and medicine, Divine Phœbus, I invoke thee! Be propitious; at the same time being poet and physician, I have the right to thy powerful aid. Art thou not protector of these two arts?

If he sometimes happens to subordinate reason to sentiment, he always gives proof of a great scientific erudition. He loves and makes others love flowers, plants and fruits in his inimitable "Metamorphoses." What a pretty allegory in his fable of Prosperine; the daughter of Ceres consents to become the wife of Pluto, but only on condition of dividing her time between her mother and her husband. Daughter as much as wife, she gives six months to nature and six to love.

" Nunc dea, regnorum numen commune duorum
Cum matre est totidem, totidem cum conjugi
menses."

This is nothing but the allegory of wheat; it is the emblem seeding, says St. Ange, one of the commentators of Ovid. "*Prosperina est herba segetes a terra prospersens.*" She is the daughter of Ceres and Jupiter; that is to say, wheat is a production of the air and the earth. She is carried off by Pluto and descends among the dead; the seed is buried in the furrows where it is as if dead, in a manner, before being reproduced. She rests six months in Hell and six months in the open day—another allusion to wheat, that remains hidden under the earth in Winter and germinates and ripens in the Spring-time and Summer. This idea has been very agreeably seized by Cardinal Bernis in his "Seasons"—

" O Ceres! hasten thy return;
Upon our plains the God of Day
Spreads heat and life.
Prosperine quits her abode,
Leaving the dark shade that ravished her."

Ovid well knew all the garden plants and almost all those of the woods. How he loved them and speaks of them with an enthusiasm that never wearsies; it is the lotus fruit that makes the stranger forget the desire to return to his native land; it is the leaf of the privet he compares to the white shoulders of Galathea; it is the acanthus with large breastlike leaves from which stems unfold and roll in divers manner; it is Clytie loved by Apollo changed into the helianthus or sunflower, and who loves him under her new form still:

" Vertitur ad solem, mutaque servat amorem."

Pliny has already said that the helianthus turns towards the sun, looking after and following it in its course, inasmuch as

the sunflower loves the orb of day. "*Heliotropium se cum sole circumagit, abeuntem sequiter, tantis est amor sideris.*

Our botanists explain this phenomenon by the shortening of the fibres of the stem under the influence of the solar rays. They are evidently right, but Ovid knew much better than they how to make mankind love nature.

When we admire the beautiful shades of the crocus, is it not agreeable to add to the pleasure of our eyes the recollection of the love of a virgin for a timid adolescent, and when we visit the country to forget ourselves, who comes to seek us to recall the ruses of Vertumnus in order to possess the severe nymph, who resided in the gardens. One instant he sought to deceive her under the masque of old age, with the appearance of Winter—an impossible seduction—but suddenly he was transformed. Like Faust, a sovereign power gave him back the strength of youth; the sun changed him to a brilliant Spring-time. His amorous audacity then redoubled, and he soon goes roughly to the denouement, but it is useless; Pomona, in love with him, consents to all; she trembles a little, and sighs deeply, and Vertumnus is happy.

" Vimque parat, sed vi non est opus; inque
figura
Capta dei Nymphæ est; et mutua vulnera sen-
sit!"

How can one better paint the mysterious loves of the plants? What warm voluptuousness in these lines—

" . . . Et mutua vulnera sensit!"

" Poetry is immortal," says Voltaire. Our scientific positivism must not prevent us from studying nature and admiring its marvels with the sacred fire of art, and then across the seductive fictions of fable. For under this ingenuous cover, profound truths are often found. These fictions teach us to fly from the enchantments of Circe even better than the pedantry of learned or non-learned societies.

In the fable of Ixion, the hero of which only holds in his presumptuous arms a shadow fashioned in the image of the goddess, there is another great lesson for us; the science that we believe in our pride we possess, is often dissipated, like the cloud that the light breeze turns to vapor, like the image of the lovely Juno.

In the magical sacrifice of Medea, Ovid

initiates us in the preparation of magical philters. He describes all the details with a power of imagination that is remarkable; he makes poetry of drugs and specifics:

*"Interes validum posito medicamen aheno
Fervet, et exsultat; spumisque tumemtibus
albet.
Illic Hæmonia radices valle resetos,
Seminaque, floresque, et succos incoquit acres."*

In this pharmacopeia we assist at the mixing of herb juices with gum and peas, pearls of the Orient with the entrails of a wolf, the wings of an owl, a crow's beak and a viper's skin. We need not laugh at this mixture; all these remedies, or ingredients, were used scarcely a century since as medicines.

But what is the allusion that is hidden in the metamorphoses of the branch of dead wood that rises from the infernal depths, all covered with verdure and the fruit of the olive? I cannot figure it out, but certainly it alludes to something. Is it the imagination of the poet that makes the free description of the plague of Ægina? The contagion attacks men and animals; it is in the air, that is the agent of transmission of the disease. The plague strikes the rich and poor, those in the city and in the country. Nothing checks the march of the epidemic. Physicians themselves are the first attacked. It is the same thing to-day and will always be thus:

*"Nec moderator adest; inque ipso soeva medentes
Erumpit clades, obsuntque auctoribus artes."*

All the symptoms are perfectly described by Ovid. It is the fever that gives the pathological scene; the tongue is dry and the mouth burning. Patients can stand no clothing upon them, and they seek in vain, falling upon the ground for a diminution of the febrile heat that devours them.

*"Viscera torrentur primo; flammæque latentis.
Indicum rubor est, et ductus anhelitus ægre.
Aspera lingua tumet; trepidisque arentia venis.
Ora patent; auraeque graves captantur hiatu.
Non stratum, non ulli pati velamina possunt.
Dura sed in terra ponunt praecordia; nec fit.
Corpus humo gelidum, sed humus de corpore
fervet."*

An inextinguishable thirst possesses the patients afterwards; they run to the streams, towards the rivers where the waters covered with the dead quench the thirst of the dying:

*"Immoriuntur aquis; alias tamen haurit et
illæ."*

This description compares but little to those of the epidemics recognized by our pathological treatises, but there is nothing to prove that a similar affection might not have been observed twenty centuries ago. In Ovid's recital there are things that are more than probable, and there is certainly no exaggeration in this frightful picture of the agony of man that the poet's pen has developed with so much energy. After showing the rapid progress of the symptoms, the frantic sufferings of the victims and the convulsions that terminate the morbid drama, one of Ovid's commentators draws attention, *apropos* to what occurred in the temples, on the new tints he gives his recital, under the influence of the religious ideas of that population. "He represents," says St. Ange, "the unfortunate suppliants expiring with offerings in their hands; victims who fall dead before being attacked, the impiety of despair that throws the hideous cadavers upon the altars of the gods as presents worthy of their barbarity, or those who end their sufferings by suicide."

Finally, the obsequies of the dead and the funeral duties that is their due, that are no longer rendered, terminating all the terrible picture by a striking painting in the same tone by the touching and poetical accessories that the imaginations of Ovid knew so well. This picture is far superior to that of the plague of Athens of Lucretius, who offends by the diffusion and arrangement, a little confused, of his images.

Daremberg¹ has reproached the epic poets for not giving a place in their works for the diseases that afflicted humanity. "Plagues," says he, impitiable sow death among populations and armies; they resisted Jupiter as well as Hippocrates." Our learned master perhaps exaggerates a little in his appreciation. Without doubt it is unnecessary to seek in these authors treatises on the different branches of the medical sciences. Meantime there are still many to be found, taking them here and there, in reading with attention the songs of Ovid. We see therein, for example, that alcoholism was well known by its effects on the nervous system, and that men had, for fermented drinks, a considerable attraction. It is true that if

¹ Daremberg, "Histoire des Sciences médicales," Paris, 1870.

the feasts commenced and finished by libations, it was in order to attest that they regarded the gods as the principal and end of all the good things and of all the enjoyments of this life.

But in a fable, "The Sailors Changed to Dolphins," we see Bacchus, in his wrath against mankind, show himself to them with lynx, leopards, and panthers attached to his chariot.

"Quem circa tigres, simulacraque inania lyncum
Pictarumque jacent fera corpora pantherum."

Is this frightful image not an allegory to express the hallucinations of delirium tremens, in order to depict the phantoms that appear to the mind of the alcoholic? The reading of the Latin authors positively proves that the ancients made the grandest case in the art of curing.

In the metamorphosis of Æsculapius into a serpent, Ovid addresses an incantation to the muses in order that they may reveal the reasons that call Æsculapius to be placed in the rank of the gods. There was still an epidemic that devastated Italy and made numerous victims. They consulted the sacred books and found therein that the disease would never cease until they transported Æsculapius, of Epidaurus, to Rome. The priests of Æsculapius would give the ambassadors a mortification if they should say he was a god himself. The latter, leaving the vessel, sought refuge in the marsh reeds of the Tiber. In that place they erected a temple. In order to comprehend the allegory, it is necessary to see the god of Epidaurus, medicine, a science still unknown at Rome, and to recall the fact that the serpent is the emblem of prudence—that is to say, of prophylaxis and hygiene. Since that epoch, of which mention is made in the annals of Roman history, there was in Rome a temple to Æsculapius, where all come to consult the priests in times of plagues or epidemics.

One of the most interesting portions of the "Metamorphoses" is certainly the birth of Æsculapius. In an access of jealousy Apollo pierced by a murderous arrow the breast of Coronis, the most beautiful and frivolous of mistresses. Afterwards he wished to recall her to life, but it was a surgical case where science was powerless. Such is the wound of Coronis.

"Et medicas exercet inaniter artes."

Now she was pregnant. After rendering her the last duties, after bathing in perfumes that beautiful body he had so often caressed, the god wished to save the child, fruit of their amours; he pulled it out from the mother and confided it to Chiron the Centaur, his grandson.

"Sed natum flammis uteroque parentis
Eripuit geminique tulit Chironis in antrum."

It was thus that he who was one day to become the god of medicine made his entrance into the world by a Cæsarian operation performed by his father *post-mortem matris*.

Seneca¹ has put the death of Coronis into verse. The nymphs come to take the child from the hands of its father; the author adds :

"By them to Chiron's home, in secret led.
The famous Centaur, in his lonely cave,
Our Æsculapius wise instruction gave.
The youth in art of medicine was bred,
That art respected, and whose powerful aid
Prolonged our life and all our pains allayed."

In order to comprehend this allegory it is necessary to remember that Chiron, who understood astronomy, botany, medicine and the veterinary art, was the son of Saturn, God of Time, and of Phylira, daughter of Apollo, all of which signifies that the sciences are daughters of time and genius. Such is the explanation at least given by commentators, and we believe they are right.

In philosophy, contrary to the assertions of some authors, we may state that Ovid was a spiritualist. For him everything changes and nothing ever dies—

"Omnia mutantur; nihil intereat."

The soul is a slight essence that goes from one body to another, man or animal, and always survives death.

"Erat et illinc
Hunc venit; hinc illuc; et quoslibet occupat
artus spiritus."

The belief in a corporal soul is not verified by any of his writings. It is not in the expressions he employs—*animæ volucres, domino semine*—that one can find the proof when we read his description of the birth of man; it is a being endowed with reason that Nature waits on, as a king entitled and worthy of the tribute. The

¹ Seneca, "Les travaux d'Appolon."

Divinity animated him with breath and the rays of ether impregnate the purest matter with life.

"*Natus homo est; sive hunc divino semine fecit
ILLE opifex rerum, mundi melioris origo.
Sive recens tellus, seductaque nuper ab alto
Æthere, cognati retinebat semina cœli.*"

The poet of Sulmo was content to believe in the transmigration of souls, a dogma brought from Egypt, and by the mouth of Pythagoras, predicting for the inhabitants of Troy the grandeur of the city they were to found on the banks of the Tiber, he declared himself a partisan of the metempsychosis. He affirms that the light souls within us will pass into the bodies of animals, and may become reincarnated in a human covering or envelope.

"*Verum etiam volucres animæ sumus, inque
ferinis
Possumus ire.*"

This feigned or real belief authorized him to blame the barbarity of the human species in sacrificing to their cruel appetite. "And the timid fawns, the little birds nourished by our hands, the gentle lambs and the patient kine." What would he have said if mankind had dared to eat horses then, he who went so far as to criticise the hook on the fisherman's line.

It is difficult to believe that this same Ovid, who condemned animal food from pure sentimentalism, should also be the author of the elegies of "Amores," the happy lover of Corrina, those who often had occasion to prove that *sine Cerere et Baccho, friget Venus*. We should like to know full well the particulars of that day of which he thus relates his exploits :

*At nuper bis flava Chlide, ter candida Pitho,
Ter libas officio continuata meo
Exigere a nobis angusta nocte Corinnam,
Me memini numeros sustinuisse novem*

—which may be freely rendered :

Meantime twice the blonde Ellage,
Three times Pitho received my homage.
Corryna has seen me still more courageous, etc.

Can we furnish similar desires in eating only cooked herbs? To our mind it is best to drown in old Falerno wine our more succulent food, in order to give a single day to such expenditures. It is said that certain mineral waters known to the Romans gave men an extraordinary strength. The spring of Salmacis, that

had no medical director named by Mercury, made, it is said, all men who drank the water perfect fools in love.

But since Ovid so well recognized the effects of mineral spring waters, he should have found one capable of curing the beautiful Cydippes, whose history he tells in his "Heroines." In the Temple of Diana she had an apple at her feet, and upon it was the words, "I swear to marry Acontius." This was an oath she involuntarily uttered in the temple of the goddess, an oath that nothing could break, not even the paternal will. And meantime her father presented to her his chosen son-in-law. The maiden fell ill; she became anemic, her strength left, she had an attack of fever. In this perplexing situation she sent a letter to Acontius, in which she said she would only be relieved of his languor when she should become his wife. "Unfortunate that I am," said he, "I cannot carry out the prescriptions of a physician; I cannot hold thy hands nor seat myself by thy couch."

"*Me miserarum! Quod non medicorum jussa
ministro
Effingo manus, insideoque toro!*"

"There is yet another thing I abhor in him who's near thee, while his fingers feel thy pulse; he often by this pretext beholds thy snowy arms and bosoms, and e'en perhaps may kiss thee."

"*Dumque suo tentat salientem pollice venam,
Candida per causam brachia salpe tenet,
Contrectatque sinus, et forsitan oscula Jungit.*"

Our jealous friend writes six pages like that, and ends by saying that he does not wish to say more for fear of fatiguing his sweetheart and aggravating her malady. The poor little thing replies that "a languor, the causes of which are not apparent, opposes all the aid of the art."

"*Languor enim, causis non apparentibus,
hæret;
Adjuvor et nulla fessa medentis ope.*"

And she adds : "Imagine thou the condition of weakness and prostration of a woman who, while she traces this answer, has difficulty in sustaining her feeble limbs upon her elbow."

"*Quam tibi nunc gracilem vir hæc rescribere,
quamque,
Pallida vix cubito membra levare putas.*"

"In seeing approach that day so wished for by relatives, all my body experiences

the ardors of a burning fever. Then askest me to let thee see that enfeebled body. I am in a condition of frightful emaciation; I have no longer blood in my veins, and the paleness of my complexion equals that of white marble that's newly cut."

Here we have a case of chloroanemia, the *cachexia virginum*, and recognize its cause to be sad emotions, the chagrin of love, a constitutional predisposition or a disturbance in menstrual function. This history is a true medical observation.

Why did Ovid, who has written of the "Art of Loving," his "Artis Amatoria," and afterwards the art of loving no longer, "Remedorum Amoris," advise Cydiphe to shake off the yoke that wounded? He was able to tell her: "Hasten thou to contend with the evil at its root; it will be too late to have a remedy when it is increased by time."

"Principis obsta; sero medicina paratur
Quum mala per longas convalescere moras."

Had he not seen "wounds that might have been easily cured become incurable because of neglect?"

"Vidi ego, quod primo fuerat sanabile vulnus,
Dilatum longas damna tulisse moras."

Incurable affections! Ovid was able to study their fatal progress upon himself. In the elegies of Ovid's "Tristia" in the plaintive "Epistles from Pontus," he initiates us to the physical and moral sufferings of exile. See his sadness and bitterness during all these long years away from friends in the unhealthy marshes of Pontus. A prey to malady of languor, the poet saw himself dying slowly without pain, without fever—

"Ex peragit soliti vena tenoris iter."

His bones lost their flesh, "ossa tegit maces;" his complexion had the color of yellow leaves, and his hair grew as white as the down of the swan.

"It is not always in the power of a physician to cure the patient," says the poet in a melancholy spirit; "medicine cannot cure gout or hydrophobia."

"Tollere nodosam nescit medicina podagram
Nec formidatis auxiliatur aquis."

Alas! it is more impotent still against pulmonary lesions, rebellious to Aesculapius himself and to his sacred herbs.

"Adferat ipse licet sacra Epidaurius herbas
Sanabat nulla vulnera cordis ope."

It was hemoptysis that now appeared and put an end to the sufferings of the poet. "Thou seest," he wrote to a friend, "how the blood that gushes from delicate lungs brings us surely to the Styx."

"Cernis, ut e molli sanguin pulmone remissus
Ad Stygias certo limite ducat æquas."

Even the vengeance of the emperor who banished the poet could not stop hemorrhage of the lungs.

(To be continued.)

Hydrotherapy in Gynecological and Obstetrical Practice.

Odön Tuszkai employs hydrotherapy under four different forms in the treatment of acute and chronic disease of the female pelvic contents. These are sitz baths, irrigations, packs or compresses, and continuous applications of heat or cold by means of water coils. Of these the sitz bath is the most widely applicable and useful; the portion immersed should be from the middle of the thighs to the umbilicus. The effect of such a cold bath is to produce plethora of the cerebral vessels with attendant eye symptoms, buzzing in the ears, dizziness, increased respiratory and cardiac activity, with a pulse first rapid and irregular and then slow. The cause of these symptoms is the strong vasoconstriction due to reflex stimulation of the splanchnic nerves, and which produces a local drop in temperature and reduced blood current at the surface with the opposite effects at the periphery and in the interior. This is the result of a bath of short duration (five or six minutes), which is indicated in all conditions of atony, relaxation, etc., when there is no inflammation; if, however, it be continued for from fifteen to twenty minutes, contraction of the deep vessels and hyperemia of surface takes place. Warm sitz baths produce superficial congestion and anemia of the pelvic viscera, but here the reaction sets in much sooner than with the cold applications, and a state of great relaxation supervenes, which contraindicates the procedure in any conditions in which congestion or hemorrhage is to be feared.

—*Med. Record.*

THE salicylate of methyl applied on cotton compress with two parts of oil rapidly diminishes pain in epididymitis.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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DR. J. C. CULBERTSON,
317 W. SEVENTH STREET, CINCINNATI, O.

SATURDAY, JANUARY 19, 1901.

A PHYSICIANS' HOME.

On another page may be found a practical suggestion pertaining to the creation of a physicians' home that is not only worthy as a project, but it appeals to the heart and sentiment of all that is good, true and noble in the medical profession. It is true the project is a little late in appearing, but the delay should not be postponed.

The various religious denominations have homes dedicated to the use of retired and infirm clergymen. As much may be said of the numerous secret societies. Their benevolences take form and manifest their benefits in the shape of homes. Trades assemblies work to and for the same end. Even the actors recognize their own brotherhood and provide a home for those of their number who need nurture and fostering care.

In thinking over the subject in the brotherhood character of the medical profession, there comes the query as to why this has not been done before. Like many other needful things, it has been put off until issuance of the present appeal. That there is a vital necessity for a home for the indigent, weary and worn of our number goes without saying. The self-constituted committee referred to by our correspondent

deserves great praise for the activity and evident good judgment shown in what has been done. Their scheme is a broad one, and so comprehensive as to cover and shield all who are deserving of protection. The American Medical Association should contribute a per capita tax, which in turn should be supplemented by a similar assessment levied by the State, county and local societies, these assessments to go to a proper sustentation of the home, and should aggregate in all from one to three dollars per member. The latter would seem to be an extreme amount; perhaps the smaller sum suggested would meet the requirements of the current expense account. A little something is to be counted, and that is the actual good it will do to the per capita tax-payers to feel individually that they have an interest in the Home, and are contributing to its support.

There is no class of people in the world who can at once so clearly comprehend the utility of such a beneficence as the one under consideration. In time such homes will multiply, but let us get one started. The soul and spirit of a Charles P. Judkins should take possession of the medical profession and breathe upon the dry bones and make us all live one for the other in a home, name ever sacred in precious memories.

Our medical societies are every year growing in strength, and they become strong in proportion to the tenacity with which they cling together in their associations. The committee having the matter in hand will soon be in a position where they can submit a definite scheme to the societies for approval and action.

The writer suggests that the Home be arranged and constituted so as to accommodate physicians and their wives. Many a man is ready and willing to suffer and die rather than be separated from the one he pledged himself to protect and support in prosperous days. A physician's home is but a travesty on the word without the

comforting presence of woman. A home let it be in the very broadest sense.

As members of one great philanthropic profession we must have a home, and that is all there is of it. Argument is not needed; the good common sense of all physicians will say yes, a home in all that the most blessed of words can convey. We must care for our own if we would be cared for.

This is but a preliminary introduction of the subject, and there is more to come. Correspondence and expressions of views on the question are solicited. There are more than a full hundred thousand men and women vitally interested in the movement.

HAZING.

A special Congressional committee has been engaged for some weeks in making an investigation of the practice of hazing in West Point Military Academy, and has developed some practices in that institution that are a disgrace to civilization, to the students who are implicated, and to the professors and officers who knowingly permitted such vicious and dastardly acts. It is a disgrace to humanity, and imprecatory language fails in being sufficiently severe and denunciatory in a characterization of such a degradation of those engaged in this despicable deviltry.

These so-called young men are every one of them base cowards and ruffians, and they know it. First-class men, forsooth, taking advantage of those four years their juniors! There is neither bravery nor courage in that. Killing, maiming and destruction of health, in the name of education—was there ever such a travesty? Those young diabolical devils—for they deserve that name in all of its significance—should every one of them, when proven guilty, be castrated and basely branded before being let loose to prey upon enlightened human beings. Such craven creatures are no more to be

trusted than ravening wolves going about seeking whom they may destroy.

An amazing part of the developments is the quiet sanction given the practice by the superintendent and professors of the Academy. Men who are so admittedly blind, deaf and dumb to what is and has been going on under their supervision have no business there, and are disgraceful misfits. The very first requisite in a soldier is the virtue of being a gentleman. A number—how many is not known to the public—are the very reverse, and it may be fairly inferred that the superintendent and professors are no better than the very worst of the alleged students. Better, far better, that the Nation had no institution for training its future military men than to father and be responsible for a lot of degenerate barbarians.

The entire blame for this atrocious lack of discipline rests upon the superintendent and the faculty of instructors. They are the ones who are absolutely responsible, and the blame cannot be shifted elsewhere.

Intimations are floating around and in the newspapers that somewhat similar conditions pertain at the Naval Academy. It is hoped that this is not the case, but if it is true that such breaches of ordinary discipline are to be found there, that institution also should be reorganized with a whereas.

Hazing in colleges of all sorts is a misdemeanor, and should in every case be punished with disgraceful imprisonment. Young men are sent to college; of course, to acquire an education; that is what they go for. Mischievous pranks and legitimate fun cease to have those features so soon as barbarous cruelties begin, and the president and faculty of any institution of learning are misfits and out of their legitimate sphere whenever they so far forget themselves as to lose control and absolute governing power over those committed to their immediate care as instructors. No exceptions should for one moment be toler-

ated. Culture has no relation to tobasco sauce, or refinement to the cruelty of so-called eagling. A victory of the strong over the weak—what a shame and what a stain upon such students and such professors who have a spineless superintendent! Bah! and wah! on all such degenerates!

TYPHOID AND INFLUENZA.

These acute infectious diseases have been and are unusually prevalent in all of the large American cities, in some of which there has been a marked fatality, particularly from the sequelæ of these affections.

Nothing particularly new in regard to treatment has been developed, unless it be a discontinuance to some degree of an administration of remedies known as the coal-tar derivatives. These preparations are peculiarly fascinating to the physician and patient, in that they so quickly relieve apparently dominating symptoms, such as pain and high temperature. This obtunding of acute sensations is at an expense of vitality, and particularly of nerve force, that is likely to be followed by collapse, and the patient is said to have died from heart failure, when the fact of the matter is the death has been caused by an administration of the delusive derivatives.

Headache powders and tablets sold over the counters in grocery, general and drug-stores nearly all have some of the derivatives as a base. A frequent taking of these preparations to some extent paralyzes the motor functions of the heart and respiratory organs, which may not terminate in immediate fatality, but weakens organic functions to such a degree as to make the individual an easy victim to all sorts of intercurrent maladies. The people should be warned upon all possible occasions of the danger of prescribing for themselves these nostrum preparations.

Not long ago the writer's telephone-bell rang. At the distal end was a newspaper

reporter, with a prescription in his hand, which he read, and asked if it would not be a good thing to publish as a popular remedy for grip. The writer volunteered to give the young man an interview on the matter in question if he would call at once at the LANCET-CLINIC office, and he came immediately, and was given a very quiet lecture on the enormity of the sin of manslaughter; that a publication of the prescription he held in his hand would undoubtedly lead to its frequent use by those who are unaware of its danger; that those who would take the remedy would go around about their business locked arms with his honor who perambulates with a scythe and sickle. The young man replied: "Why, Doctor, that prescription is a copy of one written and recommended by one of the best physicians in the city." He was told that such being the case did not alter conditions a particle; that little discrimination in dosage was practiced by the people in their usage of so-called popular prescriptions, to give a child an amount originally designed for an adult would be extremely dangerous, or if sufficient for a child would be entirely inadequate for an adult. Finally, the young man was told in positive language that the prescription held by him would in all probability kill any child to which two or three doses would be given, and likely cause fatal attack of heart failure in any walking case, the patient being an adult. Attention was directed to the deaths from so-called heart failure published in the papers from time to time, with an admonition that a very large proportion of such deaths were directly and indirectly due to an indiscriminate administration of the fascinating prescriptions of the popular coal-tar derivatives. That only physicians should write such prescriptions, and, when they do so, under the most guarded conditions. The young man said he was exceedingly obliged for what he had been told, and gave an assurance that

his prescription, that had, as he said, an endorsement of one of our best physicians, would not be published. So far as known, he has been true to his word.

When the people come to appreciate and understand the danger to life of the derivative class of medicines, and that so-called cases of heart-failure are in many, if not in most, instances attributable to their use, much good will have been accomplished.

It is quite difficult to understand the motive that prompts any physician to write a prescription and give it forth to any one as being useful in a general class of cases, no matter what. No two cases of any disease are to be treated exactly alike, and what will be beneficial for one in a family will be very bad for another, although the disease is classified as being the same in both instances.

STATE MEDICAL SOCIETY TRANSACTIONS.

The New York State Medical Association is trying an experiment in the way of a publication of its proceedings in the form of a monthly journal, instead of the usual annual volume. The Pennsylvania State Association went into the journal publication business some two or three years ago. Aside from the three hundred and odd members of that body no one else seems to have profited by the proceedings as published in the monthly association journals.

In a communication from the Chairman of the Committee on Publication of the New York State Medical Association reference is made to the publication of a monthly journal of this kind as a new departure. Evidently he has never seen a copy of the proceedings of the Pennsylvania Association, which antedates those of the New York Association attempt somethree years ago, which is not to be greatly wondered at, for they are rarely

seen by any one, and only to be found in favored libraries. Whether much or little is lost by the method of publication is always an open question.

The New York Association has a membership of something over five hundred, which is an exceedingly small journal audience. While the day of small things is not to be despised, it does look very much like a hiding of light under a bushel in the shadow of the already established *New York Medical Record* and the *New York Medical Journal*, either of which will furnish from their subscription lists very many times the audience that is possible at any time to the State Association journal.

It is hard for some petty selfish interest to comprehend that a division of strength is weakness itself. There must come a concentration of work in all of the States. A few strong publications are always sought for given purposes, and the weaklings are given a frigid go-by. Thus says the law and the profits.

DIAGNOSIS OF THE PRE-BACILLARY STAGE OF PULMONARY TUBERCULOSIS.

By the pre-bacillary stage is meant the time elapsing between infection and the presence of tubercle bacilli in the sputum; it may be a month, several months or a year. And while it is unquestionably true that the bacilli, when present, often escape detection for a long while even when daily examinations are made by trained and patient men, it is also true that tubercular lesions may exist in the lungs for a very considerable time before the bacilli find their way into the sputum; the histological structure of the tubercular nodule is alone sufficient proof of this. In considering the points on which a diagnosis can be based in this stage, the history of the patient is of the greatest importance. Not alone the personal points, such as age, occupa-

tion, station in life, environment, possible loss of weight, etc., should receive attention, but also the family history as conveying the possibility of heredity; the importance of the inquiry as to whether the patient has been living with a consumptive or with an individual afflicted with chronic cough is evidenced by the frequency with which this question is asked by life insurance companies. Aside from the ordinary physical signs of incipient phthisis, such as increased fremitus, diminished resonance on percussion at the apex, prolonged expiratory murmur, there are other symptoms suggestive of tubercular infection. These modes on onset, as they may be termed, may be referable to almost any of the great systems of the body; the respiratory, as by a bronchitis or neglected "cold," pleurisy, dry and apical in character or with effusion, hemoptysis, and laryngitis; the gastro-intestinal, by pronounced dyspepsia, with anemia, emaciation, and the attending train, such as cardiac palpitation, afternoon rise of temperature, and in young girls, amenorrhea. Not uncommonly there may be enlargement of the cervical and axillary glands coincident with a latent and undiscovered pulmonary tuberculosis. Of these suggestive symptoms of great importance is the afternoon rise of temperature, which may be very slight, not more than a degree, but when constant and accompanied by failing health, is, according to Trudeau and others, almost proof positive of the presence of tuberculosis. Of late years the tuberculin test has fallen rather into disfavor on account of the possibility, after its use, of a previously latent tuberculosis being followed by an active and virulent type. In hospitals X-ray pictures taken of the thorax often show a decided haziness in the region corresponding to the affected area. Many of these symptoms are to be found in a very considerable proportion of cases, and by their aid the diagnosis of pulmonary tuberculosis can be

practically established before the sputa examinations are productive of positive results.

M. A. B.

EDITORIAL NOTES.

OBITUARY.—At the age of ninety-five years, Dr. A. Bettman, of this city, departed this life. It is in the neighborhood of twenty or twenty-five years since Dr. Bettman retired from active practice, and consequently is not personally well remembered by a majority of physicians of to-day. Those who were so fortunate as to enjoy his acquaintance and friendship will ever think of him as of the kindest and most gentle of men, the very soul of honor and integrity. To sit in his presence was a benediction. Dr. Bettman lived far beyond the ordinary life of man, and in his declining years was exceedingly happy in an enjoyment of the presence of his immediate family and friends. Dr. B. Bettman, of Chicago, and Dr. W. A. Bettman, dentist, of this city, are his sons.

RESOLUTIONS ON THE DEATH OF DR. ELLIOTT B. PALMER.—The following resolutions were adopted at the Academy of Medicine of Cincinnati:

Sorrow has again entered our ranks in the death of Dr. Elliott Barton Palmer, ever an enthusiastic member of the Academy of Medicine. His work at the Medical Department of the University of Cincinnati (Medical College of Ohio), where he graduated with the highest honors, his thoroughness as an interne in the Cincinnati Hospital, and the finished education received under the tutorship of European masters, made him the capable physician his associates recognized, and the competent teacher his students at the Medical College of Ohio admired.

To the family of the deceased, the fellow-members of the Academy of Medicine desire to extend their sincere sympathy, and to share with them the deep regret at his early death.

H. STOW GARLICK,
EDWIN LANDY,
C. M. PAUL,
Committee.

THE New York School of Clinical Medicine has opened up a new depart-

ment of neurology, namely, the study of the neuroses and psychoses of spirit and drug diseases. Dr. T. D. Crothers, of Hartford, Conn., has been elected Professor, and will deliver lectures and give clinical instruction on inebriety from alcohol, opium, cocaine and other narcotics, particularly on the symptomatology, treatment and medico-legal relations. These lectures will begin February 18, 1901, in the lecture-room of the college, 328 West 42d Street, New York City. This is the first effort to give special systematic instruction in this new field and raise the subject to the level of scientific medicine.

THE SUPRARENAL CAPSULE IN ORGANIC HEART DISEASE.—The following request is made in reference to this subject:

218 EAST 46TH STREET,
NEW YORK CITY, January 7, 1901.

I intend to publish a second paper on the use of the suprarenal capsule in organic heart disease. Will you kindly ask the readers of your journal to send me the reports of their cases as follows:

1. The condition of the heart and pulse, and pulse-rate.
2. The effect on the heart and pulse and pulse-rate within ten minutes after the suprarenal powder, three grains, is chewed and swallowed, without water, by the patient. Yours truly,

SAMUEL FLOERSHEIM, M.D.

THE Obstetrical Society held its annual meeting on January 10, and the following officers were elected for the coming year:

President—Dr. J. M. Withrow.

Vice-President—Dr. J. A. Johnston.

Secretary—Dr. M. A. Tate.

Corresponding Secretary—Dr. C. Bonifield.

Treasurer—Dr. M. A. Tate.

HAWAII AND THE PHILIPPINES.—During the past week a number of subscriptions for the LANCET-CLINIC have come from our new national possessions. It is a pleasure to note that the LANCET-CLINIC expands with the procession.

Correspondence.

THE PHYSICIANS' HOME.

A Retreat for the Aged and a Home for the Absolutely Destitute Physicians of the American Medical Fraternity.—Its Organization, Promotion and Merit.

MINOR HILL, TENN., }
January 12, 1901. }

Editor LANCET-CLINIC:

The medical profession has now before it one of the grandest, noblest and most elevating enterprises, namely, the Physicians' Home, which has ever engaged the minds of American practitioners. Nothing so wide in its scope, so broad in its principles, so charitable in its nature, so rich in blessings, has ever before come up of such importance as this institution—the Physicians' Home—an American home for the benefit of the infirm, aged physicians and the absolutely destitute, should there be any to apply.

The blessings to be derived from this institution are incalculable, extending from the time of its establishment unto the end of medical progression. But to define it better: The Physicians' Home is to be an institution for the superannuated physicians where they can go, breathe the pure air, climb the mountains, fish in the streams, raise fruits, vegetables, orchards, vineyards, poultry, look for minerals, talk of days gone by, etc., etc.

It is not a sanitarium for treatment, as that would be too expensive to maintain. My first idea, as the originator of this home enterprise, was a sanitarium and home combined, but that would create confusion; besides, to pay a staff of resident physicians would be very expensive. And, too, it is not medicine the aged, worn-out doctors need, as it has a very poor influence on their economy; it is rest, recreation, change of surroundings, pure air, good sanitary quarters, hygiene, and not medicine they need.

Besides a retreat for the aged, superannuated doctors, it is to be a home for the absolutely destitute members of our profession, should there be any to apply, satisfactory proof having been given. Of course, the institution should have rigid laws governing it. There are, perhaps, a few absolutely destitute M.D.'s in America, money and health gone, so that in the last hours of life they cannot make and have not means to subsist on. This, you know, is a peculiar state of circumstances for men who handle as much money as physicians, but, nevertheless, misfortune plays its hand in our ranks as well as others. Physicians, some of them, are extremely poor business men, notwithstanding they are regular, ethical men of talent; but their hearts are so broad in charity, in various business relations, that they unduly mortgage their interest away. They have made the money, but it was put back in circulation. I know personally of one just such a character in our State of Tennessee—one of the finest physicians our State has ever known.

Now as to the fund and how raised. A sum sufficient to accomplish this enterprise is to be raised by subscriptions and donations. There are in the United States, according to Polk's Medical Directory, 117,523 physicians. Should one-half of this number give or make donations it will place this home on its feet, and the same number giving annually a few cents would pay all expenses. Our idea of subscribing is to give according to your ability or desire. If you desire to make a handsome donation in the honor of the forefathers of medicine, you will have honorary mention. This home is to be dedicated to the regular ethical medical fraternity of the United States, to the American Medical Association, to the various State and county (State, State divisions and municipal) medical societies and to our noble forefathers in medicine. Through the various State and county medical societies,

their secretaries being collectors, this annual expense money is to be raised. In speaking of societies we do not mean to preclude any regular, ethical physician who is not a member of a society. Many good men are not members, but this does not keep them out of the home.

This home movement has been going on about six months, during which time it has received many cheers, being endorsed by some of the best men in the United States. During the six months, I, having been advised to do so, appointed a committee on location, consisting of Drs. E. F. Williams, De Pere, Wis.; J. M. Hole, Salem, O.; I. C. Anderson, Holston Bridge, Va.; Douglas Hayes, Tracy City, Tenn., and Chalmers A. Parker, Fort Worth, Tex. They, after careful study of the geographical division, climate, access, cost of living, etc., have given their opinion in favor of Bristol, Tenn.—Va., a mountainous twin city on the line of Tennessee and Virginia, midway between New York City and New Orleans, in the mountains of East Tennessee. For health and longevity of life in the mountains we refer our readers to Ex-Governor Bob Taylor, who was reared in these regions. I visited this point on December 21, 1900, meeting representatives of the committee and other physicians, at which time we effected a temporary organization electing the following officers.

President—G. M. Peavler, M.D., Bristol, Tenn.

Vice-Presidents—C. A. Abernathy, M.D., Pulaski, Tenn.; Chalmers A. Parker, M.D., Fort Worth, Tex.; Francis M. Prince, M.D., Bessemer, Ala.; A. Garcelon, M.D., Lewiston, Me.; J. W. Smithwick, M.D., La Grange, N.C.; I.C. Anderson, M.D., Holston Bridge, Va.

Secretary—N. H. Reeve, M.D., Bristol, Tenn.

Corresponding Secretary—Jno. S. Harris, M.D., Minor Hill, Tenn.

Treasurer—Jno. C. Anderson, Presi-

dent National Bank of Bristol, Bristol, Tenn.

This organization is, as you understand, temporary, yet we invite, in the interest of this home move, an investigation of the standing of each.

I have been carrying on a correspondence in regard to this matter six months, during which time, I think, I have estimated the opinions of all closely, and what we want is some nice land which can be had at Bristol, Tenn.—Va., at a small cost, the town proposing to donate. This land can be utilized in raising fruits, vineyards, orchards, dairying, poultrying, etc., and could be made very profitable. As a building we need not have anything so very expensive to start with. There is a building at Bristol, on Fairmount, at King's Springs, which cost \$90,000, that the Board of Trade offers us, including the lot, five acres, and all furniture in building, as an inducement, for \$35,000. Some regard this as a *sine qua non* offer.

We would like to hear from others.

JNO. S. HARRIS, M.D.

LATE union is more apt to occur in fractures of the upper third of the humerus than elsewhere, a prognostic point to bear in mind.—*Med. Summary.*

FURTHER USES FOR THE SUPRARENAL CAPSULES.—Floersheim (New York) reports several cases of diseases of the lower air passages greatly benefited by internal administration of the Suprarenal Substance. The diseases treated were acute and chronic bronchitis, bronchiectasis, bronchial asthma, edema and congestion of the lungs, hemoptysis, and pulmonary tuberculosis. The remedy was given in doses ranging from 5 to 10 grains in capsules at frequent intervals until relief was afforded.

The Suprarenal, internally or locally, will relieve coryza, rhinitis, and acute bronchitis quickly; in fact, inflammation in any part of the body is greatly benefited by the ingestion of the Suprarenal Powder in suitable doses; and where it is possible to get at the seat of the trouble with a local application, relief is to be had immediately.

The most favorable reports made by physicians have been of cases where the pure Suprarenal Substance manufactured by Armour & Company was employed.

Book Reviews.

++

A Clinical Treatise on Fractures. By WILLIAM BARTON HOPKINS, M.D., Surgeon to the Pennsylvania Hospital and to the Orthopedic Hospital and Infirmary for Nervous Diseases. Philadelphia: J. B. Lippincott Co., 1900.

This work is a valuable addition to the literature of the subject, not that it offers anything particularly new, but because it is strictly up-to-date in every detail.

The text is well written and profusely illustrated with excellent skiographs, a feature of great value to the student and general practitioner, giving as it does at a glance the various fractures and their deformities, enabling the less experienced to better understand reduction and selection of dressings.

Those surgeons who believe in at once completely immobilizing a simple fracture and allowing it to remain so, without inspection, for a period of from four to six weeks, will not take kindly to the author's treatment.

The work from a typographical point of view is all that could be desired.

H. A. I.

Diseases of the Eye. By KENT O. FOLTZ, M.D., Professor of Ophthalmology in the Eclectic Medical Institute, Cincinnati, O. A manual for the use of students and practitioners, 12mo, 566 pp., 193 illustrations, 5pp. in colors and chromo-lithographic frontispiece. Cloth price \$2.50 net. The Scudder Brothers Company, Publishers, No. 1009 Plum Street, Cincinnati, O.

This work compares most favorably with other text-books on the eye used by the regular schools, as, indeed, it should, as it is composed of many of the observations and illustrations of well-known authorities. The intention of the writer is undoubtedly to introduce a text-book in which such ocular diseases as need internal medication may be treated by eclectic doctrines. As far as the discussion of symptoms, etiology and local treatment is concerned, he is entitled to the greatest credit; his differential diagnosis is particularly to be commended. The publishers have been most liberal in issuing a book very attractive to the eye, and probably better illustrated than any of the

smaller text-books of this branch on the market.

M. A. B.

A TEXT-BOOK OF SPECIAL SURGERY. For Practitioners and Students. By DR. FRANZ KOENIG. Translated from the seventh German edition, which has but recently appeared, by ARTHUR B. HOSMER, M.D., and edited by CHRISTIAN FENGER, M.D.

Herbert S. Stone & Company, of Chicago, announce that they have in preparation and will soon issue the above important work. It is the authorized translation, and will consist of three large octavo volumes on an especially fine grade of plate paper, and each volume will contain in the neighborhood of three hundred illustrations. For further inquiries address the publishers.

MEMBRANOUS CROUP.—The treatment of membranous croup has not met with such striking success as to render the introduction of a new remedy undesirable. And when this remedy comes to us with a long list of successes to back up its claims, they are assuredly worth investigating. We refer to the brown iodized calcium, which has proved a remarkable remedy in true membranous croup, the non-diphtheritic variety. For it has been shown that there is a membranous croup which is distinct from laryngeal diphtheria. For the former iodized calcium is presented as a specific; for the latter true calcium sulphide is likewise advocated. Both remedies are supplied by the Abbott Alkaloidal Co.

The Bacteriology of the Stomach.

Kellogg (*Virginia Med. Semi-Monthly*) says:

1. A healthy stomach does not require the aid of germs in the digestion of foods.
2. Sterile food is digested in the healthy stomach without the development of bacteria or other micro-organisms.
3. Neither free hydrochloric acid nor combined chlorine, even when present in excess, are certain means of sterilizing the gastric contents.
4. The gastric contents may be found sterile after a sterile test meal in cases in which free hydrochloric acid is entirely absent and the proportion of combined chlorine small.
5. Fruits, especially fresh fruits, and fruit juices, are capable of completely sterilizing the stomach when used in sufficient quantity.—*Memphis Med. Monthly*.

BENZOIC acid, which was originally obtained from gum benzoin, is now obtained synthetically, and is admittedly far superior to the so-called natural benzoic acid.—*Med. Summary*.

MELLIN'S FOOD for the Home Modification of FRESH COW'S MILK

The use of a natural cereal extractive containing saccharine and gummy matters and soluble albuminoids as well, such as our great and inspired teacher Liebig himself advocated, is in accordance with the developments of science since his time.

Mellin's is a genuine Liebig's Food
PROFESSOR LEEDS

Simple dilution of cow's milk with water is without avail in obviating the tendency of the milk to form tough and more or less indigestible curds.

PROFESSOR CHITTENDEN

MELLIN'S FOOD COMPANY, BOSTON, MASS.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

JANUARY 26, 1901.

WHOLE VOLUME LXXXV.

ETIOLOGY AND DIAGNOSIS OF ACQUIRED HEART DISEASE IN CHILDREN.*

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The diseases of childhood may properly be divided into two classes—those limited to that time of life, and those which, while occurring at all ages, are nevertheless modified by the anatomical and physiological peculiarities incident to that period of existence. Acquired heart disease in children belongs to the second category.

The heart in childhood presents certain variations from that of the adult as to structure, function and relation to adjacent parts, a brief *résumé* of which should precede a discussion of its diseases.

The weight of the heart in proportion to that of the whole body does not vary very greatly at different times of life, though during the first few years the increase of growth of the heart is relatively somewhat greater. At puberty, however, there is a very marked increase in the rate of growth, amounting to nearly 100 per cent. This increase of development corresponds to the great mental, muscular and sexual changes of that time of life.

Before puberty the ratio of heart size to the width of the arteries is very much less than after that time;¹ it follows, therefore, that the blood pressure in the systemic vessels is much lower in children than in adults. The rate of beat is much faster than in adults, varying from about 130 at birth to 90 at about the eighth year. From this time the pulse-rate gradually approximates that of the adult, acquiring this about the time of puberty. The pulse of the child is not always regular; indeed, arrhythmia will often be found in perfectly healthy children during sleep, and under certain other conditions, as after a cold bath.²

The relation of the heart to the chest wall is a subject of much interest, seeing that one of our means of diagnosis, percussion, rests practically upon it. At the outset it should be said that reliance is to be placed *only* on *absolute dulness*, relative dulness being an unsafe guide.

In trying to determine the size of a heart the position of the apex beat is a landmark of importance. The heart hangs free in the pericardial sac, suspended by the great vessels, with its apex toward the left. If, for any reason, there is pressure upward from below, it will follow that the apex will be pushed up and out. Now in children the diaphragm is relatively somewhat higher³ and the heart is relatively broader than in the adult.⁴ These two factors explain why the apex beat in children is found so often in the fourth interspace and in the nipple line, or even slightly external to it. It will thus be seen that the left border of the heart in children extends to, or even beyond, the mammary line, a condition which does not usually obtain in adults. The upper line of absolute dulness corresponds to that found in adults, somewhere between the third and fourth ribs.⁵ With reference to the right border there seems to be a marked diversity of opinion among various authors. The majority of observers are of the opinion that the limit of absolute dulness is to be found beyond the left border of the sternum.

Lees and Poynton,⁶ as a result of many observations on normal children, conclude that the right line of dulness is to be found at least a finger's breadth to the right of the mid-sternal line. It will thus be apparent that the area of absolute heart dulness is distinctly greater in the child than in

* Read before the Academy of Medicine of Cincinnati, December 17, 1900.

the adult; that the left limit is in, or even external to, the mammary line; that the right border may pass the sternal margin. [See Appendix.]

Heart disease in children, as in adults, may appropriately be divided into three groups—endocarditis, pericarditis, and myocarditis.

ENDOCARDITIS.

The most frequent cause of endocarditis in childhood is rheumatism. The rheumatic manifestations differ from those as seen in the adult, in that the arthritic symptoms are not nearly so well marked. On the other hand, the tendency to formation of so-called rheumatic nodules (fibrous growths of about the size of a split pea on the tendon sheaths or about the joints) is much greater.⁷ Again, it often happens in children that the rheumatic pain is not articular at all, but is felt in the limbs themselves.⁸ Indeed, in recent times attention has been directed to the so-called "growing pains"⁹ from which children so frequently suffer, and it has been shown that in very many cases they are rheumatic in origin. The pains of rheumatism in childhood may be very slight and fugitive; in other words, there may be very little constitutional disturbance.¹⁰ But though arthritis is at its minimum, endocarditis is at its maximum, and there are many who regard heart lesion not as a complication of rheumatism in the child, but as one of its manifestations.¹¹

This brings us to the relation of rheumatism, endocarditis and chorea. The close association of these three conditions has been recognized for a long time, but it is only within comparatively recent times that they have come to be regarded as merely different manifestations of the same morbid process. There is still much doubt as to the pathogenesis of the condition, as to whether the "toxin" is bacterial or chemical in origin. But, be this as it may, the association of the trilogy of affections is the important thing. It is not to be forgotten that the rheumatism must not necessarily precede the other affections in point of time, nor must all three conditions be present in a given case. As Cheadle says,¹² "Any one of the phases may be absent, one only may be present, or two or three, or the whole series may be complete in the same patient. . . . The different manifestations, again, may occur

not only in any order and combination, but separated by varying intervals of time, following one another in quick succession or some appearing months or years after the rest. Thus an endocarditis or a pericarditis or a chorea may occur first and alone, the joint affection long after."

Among the etiological factors of endocarditis, the acute infectious diseases also play a rôle, though as is well known, they are more frequently followed by myocarditis. Still, following scarlet¹³ and typhoid fever, cases of so-called pancarditis, i.e., peri-myo-endocarditis, are not unfrequently seen. So, too, after influenza; after the staphylococcus infection subsequent to diphtheritic angina¹⁴ there may follow endocarditis. Endocarditis may occur after acute angina. At a meeting of the Association of American Physicians in 1899 Packard¹⁵ reported five cases, and in a series of 120 cases of tonsillitis collected by Roeger, heart murmurs developed in ten.¹⁶ Though such a thing as an idiopathic inflammation of the endocardium in children probably does not occur,¹⁷ it is admittedly difficult at times to trace the source of infection. It would appear, however, that following prolonged and repeated over-exertion, the heart sometimes hypertrophies, and that from this hypertrophy (and from the diseased condition of the vessels which follows the increase of blood pressure) valvular disease may result. Thus it is a well-known fact that aortic disease often develops in athletes, and Herschell¹⁸ has shown that bicycling may induce valvular lesions consequent upon hypertrophy. It is easily conceivable that such causes may be operative in the child.

In considering the symptomatology it is to be remembered that endocarditis may be exceedingly insidious in its onset, and that, even when developed, it may not give rise to any distinct subjective symptoms for a long time. Naturally this cannot be taken to include ulcerative endocarditis, or those very acute cases of verrucous (but not ulcerative) endocarditis, which are so rapidly fatal. Indeed, leaving these out of consideration (and as a matter of fact they form but a small minority of the cases of fatal heart disease in children), it will be noticed that the mortality from acute heart disease in children is not due to endocarditis, but to pericarditis or myocarditis with dilatation. Thus

of 150 fatal cases of rheumatic heart disease carefully studied by Lees¹⁹ there was *marked* thickening or puckering of the mitral valve and its orifice in only 3 cases (though there was slight involvement in the great majority of all the cases). The aortic valve was severely affected in only 9 cases. On the other hand, the pericardium was affected in *all but* 9 cases of the 150, being more or less adherent in 113, and completely adherent in 77 cases. In other words, though valvulitis was almost invariably present, it cannot be considered to have been the cause of death in the majority of fatal cases.

The subjective symptoms in severe cases, particularly if there be slight failure of compensation, are too well known to need an extended recital here. Cyanosis with pallor, dyspnea, especially on even slight exertion, palpitation, precordial pain, cough, anorexia, etc. The earliest symptoms are the ones of especial interest. One of these, of much importance in children, is a peculiar listlessness and general disinclination to play,²⁰ quite unusual in a healthy child. Another symptom of much importance is a slight continuous or remittent temperature for which no other adequate cause can be found. As Brunton has put it,²¹ "If you find a murmur at the heart, or even in cases where you can find no murmur, if you find a temperature which runs a course much like that of quotidian ague in a case where you can trace no malaria and where you can find no indication of suppuration, it is very likely indeed to be a case of endocarditis." Another symptom to which attention has been called is recurrent epistaxis for which no adequate cause can be found.²² The existence of this condition invariably demands a careful examination of the heart.

The physical signs of the various lesions do not differ from those as seen in the adult, except as they are modified by the peculiar anatomical and physiological conditions obtaining in the child, and, therefore, need not be recounted here.

Especial care is necessary in making the diagnosis of enlargement of the heart, for the reasons given above. In general terms it may be stated with reference to the murmurs that presystolic murmurs are *invariably* organic; aortic diastolic murmurs are *almost invariably* organic; aortic systolic *nearly always* organic unless there be extreme anemia; pulmonary

systolic practically *never* organic unless they be congenital.²³ With systolic apical murmurs there is often doubt. In these cases the character of the second pulmonic sound is of great importance, as in organic mitral or tricuspid disease it is always accentuated unless there be complete rupture of compensation. But it is not to be forgotten that slight accentuation of the second pulmonic is normal in children.²⁴ However, in certain cases of hypertrophy of the left ventricle, with a systolic apical murmur (as in cases of nephritis, or of the hypertrophy of growth in children), there may be a loud second sound, which is the aortic and *not* the pulmonic second. In these cases the diagnosis of organic valvular disease is not justified. On the other hand, reduplication of the second sound at the *apex* is nearly always indicative of the development of endocarditis.²⁵

PERICARDITIS.

Pericarditis in children may be acute or chronic. The etiological factors of acute pericarditis differ somewhat from those of acute endocarditis in the child. Thus, while it is true that rheumatism plays an important rôle here, too, it is doubtless true that the acute infectious diseases are much more frequently the cause of pericardial than of endocardial affections. The organism which perhaps gives rise to more cases than any other is the diplococcus lanceolatus, and hence it is that pericarditis forms so frequent a complication of pneumonia in the young. The eruptive fevers (especially scarlet), suppurative bone disease, and septic processes generally, may all produce pericarditis.

There are several reasons why pericarditis is so often fatal in children. The tendency to effusion is greater in the child than in the adult; its formation is apt to be much more rapid, and it is more likely to be purulent.²⁶ Again, it is rare to find a pure pericarditis; there is nearly always some associated myocarditis. The visceral pericardium is intimately connected with the heart wall; its interstitial connective tissue is continuous with that of the muscle, and the vessels, nerves and lymph-channels run in the subpericardial space. Inflammation of the pericardium must thus necessarily lead to inflammation of the heart wall.²⁷ As Virchow has shown²⁸, there is often a very marked fatty degeneration of the heart wall, either focal

or general. As a result of this there results dilatation, which thus contributes to the fatal result.

The symptoms of pericarditis may be very varied. At times the condition is insidious in its onset and in its course, so that it may escape detection altogether. Or it may come on most suddenly and run a peracute, fulminant course. Under these circumstances it is almost impossible to give anything like a complete picture of the symptomatology. The subjective symptoms are apt to be especially vague and indefinite in the child. Dyspnea, even orthopnea, will be noticed in the markedly acute cases. It is always difficult to locate pain in the child, and this symptom is therefore not to be relied upon. Much greater importance attaches to the physical examination. Because of the small size of the child's thorax, the heart and pericardium are much nearer the anterior surface of the thoracic cavity than in adults. Again, owing to the flexible nature of the child's thorax, there is the greater opportunity for the neighboring parts to yield before the pressure of an effusion, and therefore we are more apt to have bulging of the praecordia than in the adult.²⁹ If the case be seen early, if the condition develop during the course of another disease, e.g., pneumonia, it may be possible to get a pericardial friction rub, which at once establishes the diagnosis. But as soon as effusion occurs the rub disappears. The condition of the apex beat is occasionally of service in coming to a diagnosis. It must not be forgotten, however, that even in normal individuals the apex beat may be neither visible nor palpable, being located just behind a rib. But the gradual disappearance of an apex beat, previously distinctly seen or felt, is a sign of value.

Practically, the most important information is to be elicited by percussion. With even a moderately large exudate the so-called pear-shaped dulness can usually be demonstrated, a condition which cannot be due to a dilatation of the heart, where the base of the triangle of dulness is always above. Another percussion sign, to which attention was first called by Op-polzer,³⁰ is dulness in the second left interspace, due to the compression of the lung. According to Zahorsky,³¹ there may even be dulness in the left side behind, from the same cause. Another characteristic per-

cussion sign is that in cases of effusion the dulness extends a considerable distance to the left and beyond the cardiac impulse, which is not the case normally.³²

With reference to the pulse, it is to be noted that a radial pulse of good quality with very feeble heart sounds is indicative of effusion. The pulsus paradoxus is certainly not peculiar to pericarditis.

Chronic pericarditis arises either from adhesions of the two layers of the pericardium after an acute plastic pericarditis, or after absorption of a pericardial exudate; or it is a tubercular process. In either event there results the condition of "adherent pericardium," whose diagnostic features are briefly as follows:

The subjective symptoms are dyspnea of greater or less severity, precordial pain, and in long-standing cases vomiting and other symptoms of interference with the portal circulation.³³

The objective signs are: Broadbent's sign—systolic retraction of chest wall in region of apex impulse, at base of the left axilla, and at the left base posteriorly. Friedreich's sign—diastolic collapse of the cervical veins. Absence of any shift of position of apex beat on change of patient's position. If the lungs be adherent to pericardium there will be loss of respiratory mobility at the pleuro-pericardial margins. Hypertrophy and dilatation (of the right heart especially) not accounted for by disease of cardiac valves, of the lung or of the kidney. In young persons, particularly in these chronic cases, we have the mediastinum affected as well, and there ensues a condition of mediastino-pericarditis.³⁴

There arises, then, because of the interference with the portal circulation, a practical cirrhosis of the liver, with enlargement of liver and spleen, ascites and edema, without discoverable lesions in heart or kidneys to explain the condition.

MYOCARDITIS.

In the etiology of myocarditis in children rheumatism also plays a rôle. As was shown before, most of the cases of pericarditis coming to autopsy are complicated by myocardial degeneration. This is to be regarded as the direct result of the rheumatic toxin on the heart muscle, and not a mere febrile cloudy swelling, seeing that fever may be very slight or wholly absent in the rheumatism of chil-

dren. Other factors of equal, perhaps even greater importance, are the acute infectious diseases. In fact, here myocarditis is of much more frequent occurrence than inflammation of either of the serous membranes of the heart. The infectious myocarditis of diphtheria is so well known as hardly to need comment. It is due to direct action of the diphtheria toxin on the heart wall. Hallwachs has shown that the extent of the lesion depends not so much on the continuance of the poison as upon the virulence of the original dose.³⁶ Sudden death after diphtheria may, however, result from nervous lesion, and Veronese has shown that in these cases there may be parenchymatous and interstitial degeneration of the vagi, and of the heart ganglia.³⁷

Myocarditis may follow scarlet fever, even without mixed infection. Secondly, after scarlatinal nephritis there may be hypertrophy and dilatation (with myocardial change). So, too, with typhoid, pneumonia, and pertussis. In the latter affection the strain upon the right heart may result in direct dilatation, even without interstitial change.³⁷

According to Forchheimer,³⁸ there is occasionally an acute dilatation of the heart (with myocardial change) in influenza. There would, indeed, appear to be a consensus of opinion that myocarditis must thus be exceedingly common in childhood, in view of the great susceptibility of children to the diseases of which it forms so frequent a complication. And yet young adults who have passed through these diseases do not show anything like a proportionate number of cases. This is explained by the view, supported by such authorities as Zenker, Waldeyer, and Hayem, that, in the child, where the general condition of nutrition is apt to be so much better than in adults, the diseased heart muscle is capable of regeneration. In other words, the child may "outgrow" an infectious myocarditis.

The symptoms of myocarditis are, as a rule, masked by the infectious disease which causes it. It is thus often impossible to make the diagnosis, for there may be a complete absence of cardiac symptoms until sudden death supervenes. If the case runs a chronic course, it may often be possible to diagnosticate the heart lesion after the symptoms of its causal disease have disappeared. But in many cases

there are warning signs. Thus, if during an acute infectious disease there occur attacks of faintness, with vomiting and pallor, and very disturbed heart action, especially if these attacks show a tendency to recur, the suspicion of myocarditis is always justified.³⁹ Or if, after the acute symptoms have subsided, there appear signs of cardiac insufficiency, such as pallor and cyanosis, disinclination to exertion (often mistaken for laziness), constant drowsiness, slight edema of face and extremities (without renal lesion), a careful examination of the heart should certainly be made.

The physical examination in these cases shows, as a rule, some increase of the precordial dulness. This is a sign of the dilatation which results from the stretching of the weakened heart wall by the intracardial blood pressure. The apex beat is apt to be exceedingly feeble and diffuse, or else not obtainable at all. The first sound at the apex is weak, the second sound may be accentuated at apex and at pulmonic orifice. There may be a systolic bruit. Though these signs may not permit an absolute diagnosis to be made, they are nevertheless danger-signals, and should serve to put the physician on guard.

In closing, a few words in regard to functional murmurs may be permitted. There is no doubt that these are much less common in children than in adults, though the view of Hochsinger, that heart murmurs during the first few years of life are *never* functional, cannot be sustained. Many of the causes of functional murmurs in the adult are not operative in the child. Alcohol, tobacco, tea, coffee, are not generally used to excess in childhood; the cases of profound secondary anemia are perhaps not quite so common.

The diagnosis of functional murmur is not justified unless disease of any valve or of the myocardium can be excluded. Such murmurs are practically always systolic; they are heard with greatest frequency, and usually (though not always) with greatest intensity, at the base.

Functional murmurs have not the persistent qualities of organic bruits. With perhaps the single exception of the pre-systolic murmur of mitral stenosis, organic murmurs, when present, can always be heard, though their character may vary very greatly from time to time, depending upon the condition of compensation.

Functional murmurs have not such uniform qualities.⁴⁰ They may disappear quite rapidly, or, having vanished, return.

The safest rule to follow is the one that organic murmurs are practically always accompanied by change in the size of the heart. Valvular lesions or lesions of the myocardium are always accompanied either by hypertrophy or dilatation of the heart, or both. One is quite justified in laying more stress upon the percussion than upon the auscultation finds in the heart, and, therefore, the old maxim of Sir G. Humphrey with reference to examination of the heart still holds good, "Eyes first, fingers next, ears last."

APPENDIX.

Lee's method of taking a tracing of the actual size of the heart dulness is worthy of notice. With a dermatograph the apex beat and the midsternal lines are marked on the chest. The absolute dulness is then percussed out, the limits being marked on the chest wall. By means of tracing paper, the figure is then transferred for record.

The drawing is necessarily incorrect in that it is all in one plane, whereas the heart is not, and so there may result a slight exaggeration. But for purposes of comparison of the same heart, under different conditions, as, for instance, during extreme dilatation and later after appropriate treatment, the method is certainly valuable.

22 W. Seventh St.

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[For discussion see p. 89.]

RESINOL DERMATITIS.

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"A bright luminary, 'Resinol' by name, has recently made its appearance," etc., etc.

These opening lines of an article, or paper, referred to as read before the Cincinnati Academy of Medicine, November 25, 1900, caught my eye in a recent number (December 29) of the LANCET-CLINIC. I had not noticed the title, "Resinol Dermatitis," and was more than surprised on reading farther to find that the author was trying to dim the lustre of this "bright star that had appeared in the East."

Now as the clinical evidences that were presented in his charge—"that Resinol ointment possesses dangerous antiseptic and anodyne properties"—were all derived from his three cited cases of chronic leg ulcers, and, as I believe that I was the first one to suggest the use of Resinol as an *accessory* in the treatment of this class of cases, of which I have for twenty-five years made a specialty, I wish to reply to the article in the same journal, so that judgment may be passed by the same readers.

I have already quoted the article twice, rather *pro* and *con*, and I cannot help, in assuming the side of the defense, in attacking the weak points in his charge and in his argument.

I presume that his opening lines and the few extracts which I will quote are intended as sarcasm; he says "there is no mention of its composition, but that is a matter of little importance to the enlightened profession, if John Doe & Co. state that it is a sure cure," etc., etc.—"that *per se* is sufficient to recommend it to a gracious profession, and to warrant its exclusive and widespread use."

Does the author's or the reader's experience date far enough back in the last century to remember when chloral, iodoform, antipyrine and numerous other such proprietary preparations were accepted and endorsed by this same enlightened and gracious profession; and which the same "commercialism" and "printers' ink" finally landed in our pharmacopeia?

It is true that they made some one's fortune before the strictly ethical practitioner became enlightened and gracious enough to accept them on proven merit—proven

by the common herd, that knew a good thing when they saw it. Was there one of these remedies which had not charges of being "dangerous" brought against it?

But on what very meager grounds are the charges made in this case!

In Case No. 1 an ulcer followed typhoid fever; Resinol was *prescribed*; the ulcer steadily increased in size; it became an exceedingly irritable ulcer; some months afterward, while this *local* evidence of profound constitutional impairment from the fever existed, "the patient also noted a steady impairment of her general condition, mental torpor, disturbed sleep, impaired appetite and physical inactivity." And all this, not the appearance of the ulcer, but its continuance and all these varied symptoms, we are led to infer by the author were all due to the "dangerous antiseptic and anodyne properties" of Resinol. It is stated that "convalescence established *itself*," but it is not said that the ulcer was cured!

Case No. 2 was a recurring chronic ulcer, which, after fifteen years, became aggravated *at the age of forty-nine*. Treatment of the ulcer, or of the patient's terrible habit of depending on the Resinol for relief, did not result in a cure, and "the Resinol ointment was continued as a *sine qua non!*"

Case No. 3, female, age fifty-one (note sex and age in both), was a similar case as far as character of ulcer went, and also as regards intolerance of treatment. It is not said of this case that Resinol was in any way to blame, nor is it said that a cure was effected, the general impression being conveyed that all three cases were still very much in need of one thing—cure.

From these clinical histories it would appear that "Resinol," in Case No. 1, "allayed any slight pain or discomfort that the patient hitherto experienced"—"she could be up and around for a long stretch of time, attend to the severest duties, and even strike and bruise the limb, without experiencing the least distress." What a terrible remedy! But, to procure this ease and comfort, "she had to apply it every few hours." How very annoying! And then, again, to get all this relief and comfort from April 22 to September 19, it "cost her \$85.50!"

In Case No. 2 "the patient began using Resinol with some sense of relief," and,

under the author's observation, "all forms of simple remedies were not tolerated, and the Resinol ointment was continued as a *sine qua non!*"

These, then, in sum and substance, are the charges, and the grounds for the charges, made against Resinol.

Now, so far as I am aware, there has never been any claim made by John Doe & Co., or by any one else, that Resinol was a "specific" in the treatment of chronic leg ulcers. Even if such a claim had been made, is it an evidence of enlightenment or intelligence that its use should be persisted in for six months, when it was very evident that it was only acting as a palliative?

Not being able to do more or otherwise, it does seem to have been an act of graciousness to relegate Case No. 2 "to Resinol as a *sine qua non!*," and I presume also she is in the way of using "114 jars" unless she finds some one who can cure her.

The subjective clinical evidence certainly does not convey the impression that these ulcers were of any unusual type; they were all "irritable ulcers," with apparently good reasons for their existence and persistence.

The statement of the clinical aspect of the ulcers—"kidney-shaped outlines" (is this a Resinol characteristic?), "no induration," "little" or "no reactionary inflammation," "no edematous tissues"—certainly all sound as if the ulcers were in good or fair shape to promote rapid healing. The objective clinical evidence ("see illustration") look very much like the average of hundreds I have seen, treated and cured.

About four years ago I submitted a voluntary testimonial to the Resinol Chemical Company in virtue of what the article had done for me personally.

It is the only proprietary medicine I ever lauded in any way; I could not say enough in its praise then, and I have no reason for changing my opinion now; in fact, I could say very much more of it in many directions. As the special subject under discussion is "chronic ulcers," and as I stand sponsor for suggesting the *rational* use of the remedy in such cases, I do not know how to better present the case than to quote my own words, as then written:

"The trend of modern surgical practice has been to discard unguent and moist

dressings in the treatment of wounds and of all ulcerated surfaces.

"Dry dressings" have been my particular hobby for over twenty years; in fact, I can claim to be one of the first, if not the pioneer, in this movement.

"Dressings with sub-iodide of bismuth were made to compound comminuted fractures, to amputations and to many major and minor surgical operations as early as 1876, in which not one drop of water or fluid of any kind was used, and in which the results were uniformly perfect.

"The control of pain and of primary capillary hyperemia, in other words, the restriction of sensory and vaso-motor reflexes, has been the desideratum to perfection of the system. Moisture seemed at times indispensable to secure absorption of the indicated local analgetics and anesthetics.

"Ung. Resinol seems to happily blend the essential properties of relieving pain, controlling congestion, preventing suppuration, and of stimulating tissue repair and cicatrization, as was so aptly demonstrated by my purely accidental use of it in Case No. 2, that I have since extended its surgical use whenever I could, and the results obtained in the various cases recorded, in which I have used it either alone or in combination with the sub-iodide of bismuth, satisfy me that it supplies all that was before lacking in the system of treatment. It seems to have no objectionable features; in fact, while the dressings may still be considered as 'dry,' we have the added advantages of aseptic protection, with sensory and vaso-motor sedation to the adjacent and subjacent tissues.

"For years I have made more or less of a specialty of the treatment of chronic ulcers of all kinds. My system is to first convert the ulcer into what I call a 'normal ulcer,' and at the same time, to effect a more healthy condition of the skin of the surrounding parts, and finally to treat the normal or healthy ulcer with dry dressings of sub-iodide of bismuth, strapping and bandaging. As nearly every case has some attendant eczema, pruritus or some very sensitive points complicating it, which factors often require more time and patience to overcome than does the ulcer itself, I welcome Ung. Resinol as a remedy which I have amply demonstrated to be a specific in all these conditions.

"Although my former results can hardly be excelled in the treatment of this class of cases, I shall hereafter feel more assured in making my prognosis of the time required to effect a cure, for with Ung. Resinol I can obtain healthy surrounding tissues while treating the ulcers without loss of time from preliminary treatment.

"In certain forms of chronic ulcers, the eczematous and the irritable varieties particularly, I shall in future make the primary treatment with Ung. Resinol and the subsequent treatment either with it, in combination with the sub-iodide of bismuth as an ointment, or as a superimposed dressing over the dry dressing of the powder, as may be indicated."

I have no reason to amend these views in any way after the lapse of four years. I have frequently put my own suggestion of the accessory value of Resinol to practical test with nothing but the very best results.

As will be seen above, the basis of my very successful results in the treatment of chronic ulcers is the subiodide or oxyiodide of bismuth, which I introduced ethically to the profession many years ago (*vide U. S. and National Dispensatories*), and which I would suggest be used in such cases by all who desire to effect permanent cures.

If any one remedy ever was entitled to be called a "specific," I think this one is; not only in general surgical use, but in a far more important group of diseases—those of the gastro-intestinal tract, and particularly typhoid fever. But that is another subject, and will be fully treated of another time.

In conclusion I wish to refer to the article on "Resinol Dermatitis" just once more. The title of the paper might well have been "*The Resinol Habit*," or "*Resinolism*," and then the author would have been far from "damning with faint praise;" but the title was "*Resinal DERMATITIS*," and having failed to find any reference to the subject in the article, I wish to ask a perfectly natural pathological question.

Is it to be understood that "little," in the one case, and "no reactionary inflammation" in the other case, is the general ensemble of the condition that is called *dermatitis*?

1339 North Seventh Street.

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of December 17, 1900.

THE PRESIDENT, C. L. BONIFIELD, M.D.,
IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

DR. ALFRED FRIEDLANDER read a paper (see p. 81) entitled

Etiology and Diagnosis of Acquired Heart Disease in Children.

DISCUSSION.

DR. W. D. KEMPTON: Bicycle riding has been mentioned as a cause of heart trouble. I think that it is not always the bicycle in itself, but because the bicycle is not fitted to that person. Physicians very often prescribe bicycle riding for their patients for various reasons, and all they tell them about the matter is to get a bicycle. Now the oculist, in prescribing glasses, always prescribes certain kinds of glasses for certain forms of eye trouble. Not one kind of glass will fit every astigmatic eye. So it is with the bicycle—there is just as much necessity that the gear of the wheel should be correct, one that will be adapted to the needs of the rider. By the gear of the wheel we mean the relation of the wheel to a high wheel. For instance, when a wheel is said to be geared to 70 it means that one revolution of the cranks would propel the bicycle just as far as one revolution of a 70-inch wheel. Hence, it will be readily understood that it requires much more power to propel a wheel with a 70 than with a 60 gear, provided the length of crank is the same. Longer cranks give greater leverage, and it requires no more power to propel a wheel with a 70 gear and a seven inch crank than a 60 gear with a six inch crank. Now, of course, the lower extremities in children are not as long as in the adult, and as they cannot use as long a crank they ought not to use as high a gear. Frequently, for this reason, the gears of children's bicycles have to be changed to suit the child riding it. The gear is too high for the length of the crank. I have seen many people completely played out because they did not

have a bicycle adjusted to them. A dealer told me of a lady whose husband said she could not stand bicycle riding, and upon investigation it was found that she had a wheel geared to 80 and a crank only six inches long. This feature especially should be noticed in children, and not allow them to get too high a gear or too short a crank.

DR. J. L. CLEVELAND: I do not wish to discuss the bicycle as one of the etiological factors in the production of heart disease. I think this question resolves itself into this—if not abused it will not do any harm.

I am very much obliged to the essayist for the brilliant paper which he has presented to us this evening. It is a subject which has interested me very much. I have seen a great deal of heart disease in children in private practice, but not much in hospital practice. The etiology of this disease, as was mentioned by the essayist, resolves itself almost into rheumatism. Whenever we find a case of heart disease the first question we ask is, "Have you had rheumatism?" And we generally get an affirmative answer. The interesting feature in the etiology of heart disease in children is its insidious character. It comes on in such an insidious manner that you hardly recognize the condition exists before it is with us. I suppose that the great majority of cases of heart disease are produced by endocarditis, and I also suppose that most of the cases of endocarditis we see are rheumatic in character. There is, however, one great difference between the rheumatism of children and adults, and that is that in children it is much milder. It is a rare thing that you see in children the acute articular pains with rigid limbs, any movement of which will cause the patient to scream—such cases are rather rare. Rheumatic endocarditis manifests itself in a variety of ways.

There is one point which the essayist mentioned, but he did not say much about it, and that is the relation between tonsillitis and pharyngitis and rheumatic conditions. I do not think that it is at all uncommon to see endocarditis develop in tonsillitis and pharyngitis. Rheumatism and endocarditis in children oftentimes are so mild that they produce hardly any manifestations of the condition present, but, of course, we may have severe cases of these diseases in children. So in speaking of

the etiology of heart disease in children we immediately think of rheumatism, and in thinking of rheumatism, we, of course, couple that with endocarditis. The diagnosis of endocarditis is not always such an easy matter; sometimes we get the bruit, but we do not always get it, and when we do it is after changes in the valve have taken place, the acute condition passed into a subacute or chronic condition. Pericarditis as a cause of heart disease is quite frequent, but just how frequent it is difficult to tell. When you have pericarditis in children you frequently have pleurisy with the pericarditis, and this will involve the diagnosis to such an extent that it is very difficult to make it out. Myocarditis has been spoken of by the essayist, but this is probably not caused so frequently by rheumatism as it is by the acute infectious diseases, but that rheumatism will cause myocarditis there can be no doubt.

The question of the relation of chorea to endocarditis has been spoken of by the essayist. We frequently have heart murmurs in connection with chorea, but whether chorea is causative of this condition, or whether there is any direct relation between chorea and valvular disease of the heart, I have my doubts. In many of these cases we do have a bruit present, but I believe this is not due to organic disease of the heart, but to the condition of the blood—an anemia. In chorea we always have marked anemia, and my observation is that as soon as the choreic condition is corrected and the anemia disappears the heart murmur will disappear with it.

In reference to the diagnosis of this disease, I think this is not so difficult after our attention has been called to the matter. I think we are more apt to fail to make the diagnosis simply because we are a little careless in our observations, but when we suspect such a condition to be present I do not think it is difficult to make the diagnosis.

I was very much pleased with and interested in the paper.

DR. ALBERT H. FREIBERG: The remarks of the essayist upon the atypical character of rheumatism in children and its relation to endocarditis or heart lesions has brought to my mind a case which I have had occasion to see during the last few months. The case is that of a child, a boy, eight years of age, who, a couple

of years ago, developed a heart lesion during a fever of uncertain character, but not accompanied by any joint symptoms whatever. I did not attend the child during that attack, but ever since it has been recognized that this child had organic heart trouble. I was asked to see the child for the first time about three months ago, and at that time he complained of pain in the hip and knee, and declared himself unable to put his foot to the ground.

The medical attendant was called, and said that the child had the beginning symptoms of hip-joint disease. I was called in to see the child and found the region about the hip decidedly swollen and hot. The temperature was 101° or 102°. The child resisted forcibly any attempt to move the hip, even to the slightest degree. In view of his previous history and the sudden onset of the attack, I thought it unlikely that the child was the victim of tuberculous disease of the hip. I advised the administration of sodium sylcylate, which succeeded in causing the joint symptoms to subside entirely in a very few days, so that the child was able to run about as before, and he remained well, so far as I knew, until eight or nine days ago, when I was asked to see him again. At this time the child complained not of the hip or knee; the pain did not seem to be in the joint, but in the femur above the knee joint. The child complained of great pain on pressure, and there was some impairment of the knee joint, and he declined to step on his foot. I again suggested the use of the sodium salicylate, inasmuch as it had had such a favorable effect before, but it relieved the child only to a limited extent. In the administration of sodium iodide we succeeded in eliminating the symptoms; at least the child was well three or four days ago. In this case the joint symptoms, in connection with the fever of uncertain character, even though not accompanied by joint symptoms, point to the rheumatic character of the endocarditis which was undoubtedly present.

DR. JOSEPH EICHBERG: If there is one lesson more than any other which grows out of the discussion in the Academy to-night, it should be, not that rheumatism is not a very common cause of endocarditis, but that it by no means represents the only factor in the etiology of this dis-

ease. I think most of us have been prone to ascribe to rheumatism a too prominent place in the causation of heart disease. If there has been any advance in our knowledge in recent years along the line of the etiology of endocarditis, it has been to show that other infectious diseases play a very decided rôle in determining organic changes in the heart. The question of diagnosis is not by any means a very easy one, even when we suspect endocarditis to be present, for there are many cases of latent endocarditis (properly so termed) which may run on for a long time; and the only symptoms manifested are a slightly disturbed heart action and a slight increase in temperature—no symptoms directly referable to the heart. There is no doubt that the number of such cases is a very large one, and the condition is not diagnosed until a rude awakening occurs through some special muscular effort or strain, and then we realize the fact that the disease, long unsuspected, has made serious organic changes. Within the last two years I have had occasion to see three or four cases in which a suspicion of latent endocarditis was aroused by the constancy of a very frequent pulse and by the fact that observations of the temperature for a period of two or three weeks showed an evening rise of one to one and a half degrees. There were no other symptoms to point to any special trouble; there was no enlargement of the heart present in these children, a condition which comes on at a later period in the adult, but which is particularly likely to develop in children at a comparatively early period. In two instances the patients were put to bed, one of them for fourteen weeks. In this latter case at the end of five weeks the patient developed an aortic murmur, which increased for eight weeks, and with this a slight enlargement of the heart. Under the influence of rest and a restricted diet, the patient gradually got better and the fever subsided.

Another interesting feature which grows out of an observation of these cases is the wonderful adaptability by which nature arranges compensation for diseased hearts in children. It is almost startling at times to see the amount of organic change which has taken place in cases of aortic insufficiency with mitral regurgitation, where the enlargement of the heart is so great that the apex beat reaches a point in the

anterior axillary line, yet the amount of discomfort is very slight.

Another astonishing thing in connection with these cases is the amount of muscular effort which they can put forth, and which does not seem to inconvenience or harm them at all. The enormous hypertrophy which results at times seems almost incredible, and if we did not have post-mortems to prove the facts we would not believe that such enlargement could occur. But it is in cases where manifestations of change in the heart's structure do not appear that harm is likely to result by indulgence in pastimes or occupations, which will break up the existing compensation.

DR. FRIEDLANDER: I am obliged to the gentlemen for the confirmatory testimony they have given this evening.

With reference to bicycle riding, I certainly did not mean to convey the idea that this form of exercise in children would necessarily lead to heart disease. It is the abuse and not the use of the bicycle which brings about disastrous effects upon the heart.

With reference to the association of endocarditis and chorea, there has been much discussion of late. Numerous authorities are of the opinion that a causal relation does exist between the two, and it is only recently that the theory of cortical irritability as the explanation of chorea has been given up. The occurrence of chorea in epidemics in limited localities, the occasional house-to-house or even personal infection has been demonstrated. The occurrence following rheumatism is so frequent that it cannot be a mere coincidence. Thus Osler says that while he is not willing to admit that the toxins of rheumatism and chorea are absolutely alike, they must at least be very similar. Strümpel puts the case as follows in the third volume of his text-book: "Though the view of certain authors, that practically every case of acute articular rheumatism in children is followed by chorea, is certainly exaggerated, it is nevertheless an absolute fact that chorea does occur after acute rheumatism in very many cases. Chorea is also often seen in children who suffer from mild chronic rheumatism, especially in children who have a valvular lesion with or without antecedent rheumatism. The association, which doubtless exists, between chorea, articular rheuma-

tism and valvular lesions points to the possibility that in true chorea we have to do with a form of intoxication which follows an infection."

With reference to the contention that organic heart disease does not develop after chorea, it was shown by the statistics of the Collective Investigation Committee of the British Medical Association that in 68 per cent. of the cases of chorea examined, two, three and four years after the attack, there were heart murmurs present. In 51 per cent. these were organic in origin; in other words, in more than one-half of the cases organic lesions do develop. It is, of course, true that many of the heart murmurs occurring in connection with chorea are functional, probably due to the anemia.

Treatment of Fistula of the Intestine.

M. Peyrol, at the Surgical Society, related two cases of fistula of the intestine which he had treated with success. In the first case, not being able to detach the small intestine on which was seated the fistula, the operator enlarged the latter, and sutured it to the lips of an incision practiced in a neighboring loop. In the second case the fistula was found on the large intestine, but hidden by two loops of the small intestine. Finding it impossible to break down the adhesions, a similar operation was performed in burying the fistula between the two loops of the small intestine anastomosed one with the other.

M. Tuffier said that in intestinal fistula he preferred to detach all the adhesions so as to fully expose the fistula that he wanted to close.—*Paris Cor. Med. Press and Circular.*

Vascular Nevi in Infants.

Collodion,	9 parts
Ichthylol,	1 part

Paint the nevus two or three times a day with the above mixture until a black crust is formed, which is allowed to fall off by itself, when the operation is recommenced, and so on until the nevus has disappeared.—*Paris Cor. Med. Press and Circular.*

MILK is an excellent antidote to nitrate of silver, in virtue of its large proportion of suspended albumen.—*Med. Summary.*



Translations.

MEDICINE AND MORALS OF ANCIENT ROME ACCORDING TO THE LATIN POETS.

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

I.

*Lyric, Elegiac, Epic and Didactic Poets
—Ovid, Horace, Catullus, Tibullus,
Propertius, Virgil, Lucanus and Lucretius.*

HORACE.

The year 64 before our era, this master of lyric poetry was born at Venusia. After studying belles lettres at Rome and at Athens, he started out in the unprofitable rôle of politician. In the civil war following the death of Cæsar he espoused the cause of Brutus against Augustus, and assisted at the battle of Phillipi in the quality of Tribune of the soldiers. But, after the defeat of the Republican army, he returned to Rome, where he devoted his entire attention to poesy.

Virgil presented him to Macænas and Augustus, who overwhelmed him with favors, but he refused all the honors offered him. The *aurea mediocritas* sufficed for the tastes of the poet.

Horace was a happy man. His natural joviality made him congenial to his contemporaries. In philosophy he took this ingenious device, "*Epicuri de grege porcus*," in opposition to the austere principles of the stoics. He only sought happiness in the moderate use of pleasures and in the ineffable joys of intellectual work; he was a sage. He knew of human life all that which is good—the charms of friendship, independence of character, an admiration for the classical. He loved nature, the sombre forests, the green plains, the golden harvest fields. He thought out his works during the long and silent nights in the country, so full attractions and mysteries. He has written the eternal poem of life, of enthusiastic youth, and that more serious epoch where the soul aspires to glory and pretends that it is immortal.

"Exegi monumentum aere perennius."

The Fates left him time to carve out his incomparable poems, that have received the everlasting consecration of the ages, admixing with the most serious subjects a little folly; it is sweet to sometimes lose one's reason thus—

"Misce stultitiam consiliis brevem,
Dulce est despere in loco."

But he, like all others, had to pay his tribute to nature, to see his illusions fly away, to render an account to the maladies that unceasingly beset him, the causes of which we shall endeavor to investigate.

Perhaps it may appear strange to go on in a doctor's way and interrogate this lover of the Muses, to demand and take medical notes regarding his odes, satires, epistles. "To place," as Daremberg remarks, "an indiscreet and barbarous hand on the pages of a poet who, for the past eighteen hundred years, received the homage of the most delicate spirits of the entire world. How can we snatch from the hands of Horace this old Massique that makes us forget all care? How pluck the flowers from the crown of roses, to trouble those enjoyments of the banquet and put Lydia to flight in order to present the sad spectacle of the sufferings of disease and all the physical miseries to which Horace, alas! was not exempt? But the unpitying physician seizes his diseases everywhere he finds them, especially in the midst of festivities, and above all after the intoxications of love. Horace, thus surprised by Musa or Craterus, received their advice kindly and made some painful attempts to regain a health that was not sufficient to sustain an excess of work nor the support of pleasures, puts into harmonious verse the consultations and advice of his doctors, and sings the praises of a frugal repast and the dangers of a passionate heart."

It was to Tibur, where he had a cottage, that he went to repose from his fatigues and his excesses. There, in the midst of a luxuriant nature, he made his eulogy to sobriety, to a tranquil existence, a stranger to political passions and human vanities. It was there he composed that eloquent satire in which he draws a parallel between the peaceful life of the country and the torments of the city. Here, says he, was my ambition.

"Hoc erat in votis."

"A little of earth, a dwelling with a spring of cool water, a garden with a clump of trees—my desires have been more than gratified. I demand nothing more from the gods."

"Nil amplius oro."

How many men who possess an independent fortune, who have acquired an honest celebrity, who arrive at the age for rest, know how to comprehend the happiness that Horace so well understood? The doctorat, academy, institute, senate and the ministry, are the successive rounds in the ladder of their covetous pride. Poor millionaires, unfortunate wise men! you do not know how to be happy; you are condemned to ever go on, without a truce or a cry for mercy, marching always over the accidental road of ambition. We pity you. After thirty years of work, we should think that to the possession of the

"Modus agri non ita magnus et paulum.
silvae"

of the poet, and leave to younger men the care of continuing our labors.

Horace loved the pure atmosphere of the country, the cheerfulness of the cool dales, still lit up by the semi-twilight, when the sun was warm upon the summit of the hills; there he breathed freely, no longer thinking of his infirmities, and lived on in a sweet quietude. But he also had his failings; when he heard Lydia eulogize her new lover his jealousy suddenly broke forth. This disciple of Epicurus forgot the precepts of his school, and composed that foolish ode to his frivolous mistress. "When thou vauntest of that rosy neck of Telephus and the snowy arms of that man, O Lydia, an acrid bile fills my inflamed liver."

"Quum tu, Lydia, Telephi
Cervicem roseam, cerea Telephi
Laudas brachia, va! meum
Fervens difficile bile tumet jecur."

"Then my head turns, my cheeks alternately pale and blush, the sweat flows drop by drop and shows what fires are kindled in my breast. I foam with rage, finding on thy white shoulders the evident traces of an amorous convulsion and a night spent in orgies, seeing upon thy lips the imprint made by the teeth of that furious lover."

He terminates by supplicating his sweetheart to listen to his advice and not be-

lieve in the faithfulness of that barbarian, whose kisses destroy those charming lips, moist with the nectar of Venus.

"Non : si me satis audias
Spes perpetuum dulcia barbare
Lædentem oscula, quæ Venus
Quinta parte sui nectaris imbuīt."

What hot and penetrating perfume of passion and poesy there is in such verses! We feel that Horace was in love with this pretty girl, and with a love that seemed to hold his heart. She had dipped in blood that filter of fire known by the poets—

"Making one breath, mixing the man with the woman,
Quiverings of flesh and dreams of the soul."

But why reproach him for being jealous and more restless than the waves of the Adriatic?

"Iracundior Adria."

He who had so many times wept over her treason! It is possible she loved him from caprice, without doubting that he would immortalize their amours, and the poet pardoned and thanked Destiny that brought back the bird-like girl to her ancient nest; and in his goodness, perhaps, he sang that refrain that one of his children sang at a later day in the "Ronde de la vie de Boheme"—

"Lui sachant gre d'etre belle,
Sans nous faire de tortments.
Aimons la même infidele,
La Jeunesse, n' qu'un teins."

This is true; youth has only one time! Horace perceived this one day, with the myrtle with which he was crowned before his tender and voluptuous Lydia. But he knew her well, at that chivalrous epoch when enthusiasm imprints its seal on our sensations and sentiments. He may be allowed his faults, his little sins; he wished to be robust and virile, healthy in body and mind. In harshness he never forbade young men—

"Chercher l'occasion de chiffoner un pen
La tunique de la morale."

But, in reality, he praised purity of morals, conjugal faithfulness, the honor of the home. He loved Lydia and many other foolish virgins, but he had a contempt for intimate relations with courtesans and the merchandise of love. In all his writings he distinguishes the virtuous matron, the respected husband, the

bright girl, *puella*, the physiological re-creation offered to the sons of the family and to Epicurians among monogamous peoples.

He foresaw the corruption into which public morals would fall under the successors of Augustus. One of his finest odes is consecrated as a forewarning to the Romans of the perils they ran in giving their girls a too frivolous education, and raising their sons in idleness. Libertinage would come into the world and inevitably cause the forgetfulness of the principles of the ancient Sabines, and with libertinage would come the decadence of the empire. Here is the principal passage :

"Our age, fruitful in crimes, has contaminated marriage, generation and families. Flowing from this source all the misfortunes are spread to the peoples and over the country.

"The adolescent virgin joyfully learns the licentious dances of Ionia; she kicks her docile limbs and from childhood dreams of licentious amours.

"Soon the woman becomes adulterous, even at her own husband's table. She seeks young lovers, and without choice even, and in the darkness of night's shadows secretly indulges in scandalous pleasures. But her husband becomes her accomplice; she rises in his presence and at his order to follow some vile agent of infamy, some master of an Iberian vassal who pays with gold for her shame.

"They were not born of such parents, these young Romans, who reddened the seas with Carthaginian blood, who subjugated Pyrrhus, the great Antiochus and the terrible Hannibal. They were masculine young men, robust, and the children of rustic soldiers.

"That will not alter the disastrous course of the times! Our fathers, less virtuous than their ancestors, brought into the world wicked sons, who will one day beget a still more depraved race."

In his ode to Drusus he shows us all the effects of heredity.

"The strong beget the strong. Vigor and courage To fiery steed, to bull pass their heritage; The eagle never retrogrades to sing of love; But education's all that vivifies; By it a heart, well born, is fortified, By it real virtue's made forever radiant."

Horace was right, the brave were ever the sons of the brave.

"*Fortes creatur fortibus et bonis.*"

It is education that develops this strength of race, the heredity of robustness and courage.

"*Doctrina sed vim promovet insitam.*"

Would that the future grand masters of the universe and our boards of public education would contemplate this maxim! The safety of every country would be guarded.

But they are inspired by precepts of hygiene, and demand from science that which Horace asked from Apollo, God of Medicine, in his secular poem.

"*God of Auruspices, thou whose arc radiates and shines over the Muses, thou whose salutary art reanimates a feeble body.*"

"*Qui salutari levat exte fessos corporis artus.*"

"*If thou seest with a favorable eye
Rome with its Palatine,
Be more than ever protector and aider—
Prosper the Latin Empire.*"

In his second satire he shows himself as the enemy of adulterous lovers. He recalls the words of Cato, who seeing a man come out of a public house, said : "Very well, behold its virtue; it is there, young man, that it is necessary for you to go when concupiscence warms your blood, rather than turn married women from their duties."

"*Quidam notus homo, quum exiret fornice;
macte*

*Virtute esto, inquit sententia dia Catonis;
Nam simul ac venas inflavit tetra libido,
Huc juvenes aquum est descendere; non alienas
Permolere uxores.*"

Legislators and hygienists are agreed upon this point; it is even accepted by the moralists: Prostitution is the sore on society, but is a necessary evil. It is not necessary to abuse it; meantime, as Horace observes, not to compromise honor by frequentation of such places. But he blamed Marseus, who never associated with honest women, who never visited the wives of others, but ate up his fortune and house with Origo, his mistress, but he lived with comedy actresses and prostitutes, all of which injured his reputation more than it ever did his fortune. The principles of Horace never found favor with all the world, and particularly not with a certain Cupiennius, who repulsed his eulogy to Cato and declared for the dainties of a more patrician appetite.

"Nolim laudier inquit,
Sic me, mirator cunni Cupiennius albi."

For this pretentious ancient Don Juan, Horace painted a picture of the disagreements that awaited adulterers, of the *ennuis* that so often followed their guilty orgies and the dangers to which they exposed themselves; some threw themselves from the tops of houses, some were flogged to death, the latter in their flight falling into the hands of thieves, who forced them to give up their money; some were given over to the brutality of servants, and this is what happened to a certain personage; the iron severed the organs of his lubricity.

"Accidit ut cuidam testes caudamque salacem
Demeteret ferrum!"

This was legal, too.

Horace knew full well the happy influence that exercises have upon young men, that hygiene that is designated at the present day by the name of voluntary movements of locomotion—horseback riding, swimming, fencing, running, boxing, walking, jumping and foot racing. It is with this thought that he reproaches a *femme galante* for keeping near her and corrupting by idlehess and voluptuousness one Sybaris, whom he saw with her.

"Lydia, dic, per omnes
Te deos oro, Sybarim cur properes amando
Perdere?"

"Is it not the love for a courtesan that causes this young man's absence from the Field of Mars, the fatigues and dust of which he dreads, leading him to avoid the manly games of his comrades, who tame the wild horses from Gaul? Does he fear the nautical struggles on the Tiber, or the bow and arrow practice of the circus?"

This ode to Lydia is well worth reading. Let us note in particular the horseback riding praised by so many physicians, ancient and modern. Hippocrates approved of equitation, and considered it the best treatment for certain affections of youth. Oribasius,¹ who was devoted to physical exercises as a means of therapeutics, also greatly approved of horseback riding, and wrote the following eulogy: "In the course of galloping," says he, "the body is violently shaken up, and this is an excellent thing, for the immediate result is to excite all the organic apparatus, and principally those of sensation."

¹ Galen: "Collectorum Medicinalium," liber vi, cap. xxiv.

Natation was also in great honor among the Romans. They said of a man without education, "*nec literas dedit, nec natare.*"

The language of Horace, bearing on youth, always bears the seal of a profound judgment. He never flatters them, and blames parents who fail to see the faults in their children. He criticises those fathers of sons who squint; there is something in looks; a ridiculous dwarf; those humpbacked; those not right; those who are deformed; their raising is not assured.

But they did not speak of Horace thus. His father, as he remarked in his fourth satire, raised him without any weaknesses. He was taxed at an early age to avoid vices.

"To guarantee my heart from shameless love,
I've never been slave to any fallen dove.
Sectanus abandoned to unworthy appetite,
Profit by his experience and do right," etc.

(*To be continued.*)

THE TREATMENT OF COMEDONES (ACNE PUNCTATA).—The removal of comedones by a suitable instrument is called for when the plugs are of large size and solidly impacted in the patent follicles. The common practice of using a watch-key for this purpose is to be deprecated, because of the difficulty of keeping it clean. Where, however, the "black-heads" are small, and especially, as is most often the case, where the skin is irritable and tends to become congested or inflamed or swollen on pressure, mechanical interference should be avoided. The treatment best adapted to such cases is washing with the pure 3 per cent. Oakland Hydrogen Dioxide solution or the application of the following ointment:

Solut. hydrogen. dioxid. (Oakland),	20.0
Hydarg. bichlorid,	0.03
Bismuth subnitrat.,	0.75
Vaseline,	10.0
Lanolini,	5.0
M. f. unguentum.	

HAGEE'S Cordial of Cod Liver Oil with Hypophosphites of Lime and Soda is the remedy for Grippe. It restores health, and has the further effect of curing the disagreeable post-grippal symptoms so often seen. Thus, night sweats, loss of weight, and the entire train of nervous symptoms, such as intestinal neuralgia, headache, brain fag, eye strain, etc., yield quickly to its action. It is pleasant to take, efficient in action, and a great builder of all the tissues.

A STRING OF TROUBLES.—There is no one part of the body more afflicted with so many unnatural conditions as the female genital tract, and no one remedy with as wide a range of usefulness in these diseases as Micajah's Medicated Uterine Wafers. Bear this in mind when the next case presents itself. Success always attends the use of the original (Micajah's) Wafer. The same cannot be said of substitutes.

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J. C. CULBERTSON, M.D.,
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317 W. SEVENTH STREET, CINCINNATI, O.

SATURDAY, JANUARY 26, 1901.

IDEALS: AN OBJECT-LESSON.

The high, noble, pure, good, true and
beautiful, in a way, are characteristics of
lofty ideals.

Between three and four years ago a
large number of physicians in one of the
great Eastern cities, inspired by a pow-
erful leadership, felt that the local pro-
fession was without a suitable represen-
tative medical publication, and some
thirty of them were massed together for
views on the subject. It being pretty
well known as to the sentiment of the
community in mass, there was little or no
friction, but with one accord expressed
themselves feelingly on the subject. The
feel brought forth an expected subscription
to start the journal, amounting to thirty
one-thousand-dollar checks, with which
the publication took form and figure,
with an elected editor and business man-
ager.

Then the boom began, which in and of
itself was phenomenal. The names of the
thirty men included some of the most
distinguished physicians in the world of
medicine, many of them well known as
editors and authors. The start was on a
high plane, the editor a man of extended
experience, who had ideas that were sure
enough ideal in medical journalism. As

a writer his strength was positive, and
from the beginning it was apparent that
the venture was a go..

However, ideals are more or less expen-
sive, and generally more, so that it became
necessary before the first year had termi-
nated to convene the stockholders and
announce to them the tidings that their
thirty thousand precious ducats of the
realm had vanished in payment of expense
account, and a new thirty thousand must
be forthcoming or their infant phenome-
non would perish from marasmus. It is
not definitely known by the writer, but it
is inferred from subsequent history that a
couple of outsiders known as laymen were
squeezed into this meeting, and while the
pressure was on submitted, evidently with
some willingness, to a phlebotomy process
that was touching to behold. Under the
stimulus of the added nutrition the mar-
asmus for the time being was checked.

Sixty thousand hard-saved dollars sent
the phenomenon bowling along through its
second year. Second summers are usually
hard on infants, as it is during this period
that the teething process takes place. In
the case of the phenomenon under con-
sideration there was a delay and postpone-
ment of the normal period of dentition,
owing to the vigorous and heroic treat-
ment so carefully instituted and adminis-
tered at the termination of the first year.
The tidal movement of teething took place
late in the third year. Ructions and rum-
blings were heard. The phenomenal circu-
lation of the prodigy was unexplained and
unexplainable by other medical editors and
publishers; they could neither comprehend
nor understand the ways of the newcomer.
The circulation skipped and throbbed,
jumped and bounded on the subscription
books of the new journal. Nothing like it
was ever approximated in historical
records. Everything of the sort was dis-
tanced and beaten clear out of sight. Be-
fore the end of the second year advertising
agents were brought from New York to

Philadelphia to certify to a count of more than nine thousand subscribers, and they did it. The boom was on, and the second thirty thousand, supplemented by an advertising patronage that was as phenomenal as the subscription list, was apparently doing the work, when lo! surprising to note, the ructions and rumblings mentioned were heard. The editor of the phenomenon was asked by the stockholders to resign, and bad faith was charged by both parties. Feeling ran high. Another thirty thousand was felt to be about the size of the sum needed to keep a required amount of nutrition in alimentary activity in order to ward off another attack of fatal marasmus. Some things were noticeable and unexplainable by other medical journalists, and among them was the fact that very few, if any, seriously suffered or felt discommoded by the rivalry. Now and then some one would be persuaded to make a change, but in the aggregate the number was phenomenally small. This, too, was a subject of marvel and difficult of explanation. Perhaps there was an unusual presence of rivalry recognized in the advertising field, but even this was not serious.

But to go back to the front of the beginning. The originator of this wondrous marvel and phenomenal publication was recognized and known to be Dr. George M. Gould, a man of remarkable force, undaunted energy and indefatigable industry. Dr. Gould was thought by the medical world to have a firm hold on the rudder and sails of the phenomenal craft, and at least received therefor all the credit there was flying around loose and likely to settle at any point designated by his expert hand.

Lo and behold! A puncturing by Dr. Gould himself of the bepuffed phenomenon, by saying his personal communications to the Board of Trustees of the *Philadelphia Medical Journal* were unanswered, which, to say the least, was a

breach of courtesy—with no reply to his request to be retained as editor. He says further, in the same paragraph, that effort has been exhausted to induce him to resign. He was suddenly dismissed without an hour's notice, without reason suggested or a motive avowed. Editorials were cut out of the last issue he had edited, while his name, against his protest, was retained at the head of the editorial columns, and no explanation was given by another or allowed to be given by him to the subscribers or to the profession.

Dr. Gould further says in another paragraph that several months ago the company had between thirty thousand and forty thousand dollars' worth of uncollected subscription bills due and outstanding, and that, of course, additional capital was required to conduct the great and growing business. He reports about twelve thousand subscribers, but says the financial conduct of the business has proved a flat failure. To redeem it the only thing that seemed possible to the board was to accept of an offer made by a layman to take thirty thousand dollars additional stock.

Here we have the whole business opened wide, so that he who runs as he plies the problems presented may read and be informed. Say the original subscription list started at nine thousand, an utter impossibility, three years ago, which for three years, the life of the journal, would be twenty-seven thousand, all told, annual subscriptions, at three dollars each when paid in full, to offset forty thousand dollars, unpaid accounts. No journal, other than a trade publication can live on such husks.

Dr. Gould says the advertisers were better pay. Well, they need to be. But Philadelphia is a large city, and in it are many physicians who are so circumstanced that they can take care of an annual deficit of thirty thousand dollars, and never wince, but to them, as we see, such

things become monotonous and a little outside assistance becomes acceptable.

There is a sincere regret that Dr. Gould's ideal has not been realized, and now he sends out an appeal having for its purpose the starting of a new journal. The writer makes no suggestions. Enough has been told to show that it takes some money to inflate and carry on an anomalous phenomenon like the *Philadelphia Medical Journal*. History during the past three years shows what can be done when the wind blows hard enough, but it takes the genius of a Gould to furnish the inspiration and aspiration in order to prevent a stagnation and expiration. Ninety thousand dollars judiciously expended in less than three years ought to raise a small cyclonic hurricane in medical journalism.

Meditatively: Medical journals are just what members of the medical profession choose to make them. Usually such publications are of slow growth, and seem to attain confidence and hardihood with age. There are men who have a genius for such work; the number is not large, and when they see something in their sphere that is phenomenal cannot but wonder whether the boom is a real thing, flatulence, a combine, or borborigmus.

* * *

If apology for the publication of an article of this kind may be thought necessary, one is to be found in the summary treatment and disposal of the recent editor of the *Philadelphia Medical Journal*. No one knows better than the writer that there are always two sides to be heard and told in all such cases as the one under consideration. Fair play is an appeal that cannot go unresisted, and as the case presents itself to the medical profession from one side, it certainly does appear that fair play and even-handed justice has not been accorded in this instance, and in which the party in financial power could well afford to act generously. It may be stated that the unpleasantness is not the business

of any one apart from those immediately concerned, but it is. A publication of a journal of any circulation at all is in its policy a matter of public interest. Hence, these lines.

APPORTIONMENT.

The *New York State Journal of Medicine* directs attention to the need of a re-apportionment of delegates from affiliated societies to the American Medical Association. This is a move that is in every way desirable, and commends itself to those who are actively interested in the welfare of this exceedingly useful organization.

About a year ago the writer suggested in these pages the advisability of having biennial sessions of the Association, and still regards the suggestion a good one. It has come about that the Association has grown to such dimensions that it is so unwieldy that efficient legislation in the interests of the profession is either left to a very small number who understand working the machine, or when attempts are made by the whole body misunderstandings are almost sure to occur. Furthermore, the large attendance at such meetings as the recent one at Atlantic City precludes attendance upon the part of many of the delegates. A limited apportionment of say one to twenty or fifty members of affiliated societies would not only bring about a great improvement in management, but would lessen the burdens of the local profession at the place of meeting, which would be a good thing.

With the growth and importance of State medical societies there ceases to be a demand for annual meetings of the American Medical Association. A meeting every two, three or four years is ample. The mileage tax on delegates is no small matter, and is deserving of serious consideration. For this reason alone

a reduction in number of meetings is believed to be in the interests of the organization. Such a reorganization as these measures contemplate would obviate the necessity of issuing a great cumbersome publication such as the *Association Journal* has become. It is felt by the writer to be a very delicate matter to touch upon, but a change is apparently necessary. No one wants to read a fourth or even a tenth part of the subject matter published in the journal, and a searchlight of high power is necessary in order to penetrate to that which is really wanted by the reader. In consequence there is manifestly a very great waste of power.

With a change from annual to biennial meetings there will be an increase in the attendance and usefulness of the State and other local societies. In some of the great States the attendance and membership of the State societies is so small as to be beggarly, which is a condition of affairs not at all creditable, and yet in those very States the National Association is largely represented in number of members, showing that men will not take the time to attend both State and National organizations.

Reference has been made to the *Association Journal*. A publication that splendidly represents the American medical profession, its aggressive policy is worthy of the sincerest admiration, but the cumbroseness and actual weight of the journal has so increased that it has become an actual burden. Biennial sessions with membership reduced 50 per cent. and a journal one-half the size of the present would become a powerful factor in an enrolling influence of those who regard themselves as regular physicians and eligible for membership in the American Medical Association.

The writer has only words of the strongest commendation for the energy and ability displayed in the present management of the *Association Journal*, but,

in common with many others, does not close his eyes to the signs of the times as manifested in the suggestions coming from the New York State Medical Association.

Every member of the State medical associations should be personally identified with the National body, and some way devised that will bring this about. The magnificent work done by the *Journal* in securing new members is attracting attention, and should not suffer detraction from any one; but it seems to be apparent that the time has arrived for a readjustment of conditions in order to meet the ever-increasing requirements of the great American medical profession.

ALVORD'S BIG BALANCE.

When asked what he had done with the money, Alvord, the New York bank thief, who has just been sent up, is reported to have answered nonchalantly, "Well, seven hundred thousand dollars is a whole lot of money, but it goes easy."

But has it gone, all gone?

There was no evidence that the prisoner was a plunger in playing the races, as he might have been to get away with three-quarters of a million dollars. No evidence was developed that he speculated in Wall Street. He owned up to spending fifty thousand dollars a year, but the statement was made that he did not begin to steal until about five years ago. Five years at fifty thousand dollars only accounts for two hundred and fifty thousand dollars, leaving four hundred and fifty thousand dollars still to be accounted for. Suppose the diamonds which Mrs. Alvord has been wearing cost another fifty thousand, and that their cost did not come out of the fifty thousand per annum which Alvord so coolly discussed; there is still the snug fortune of four hundred thousand dollars to Alvord's credit somewhere. Where is it? Is it locked up in some safe deposit or se-



curely buried, to be resurrected after Alvord has served out the thirteen-year sentence?

About three years good time is likely to come off for good behavior, for a thief of Alvord's sagacity is reasonably sure to be an exemplary prisoner. His service for the State will then amount to about ten years, and if the laws of New York are like those of Ohio the debt of seven hundred thousand dollars will then be paid. If Alvord has four hundred thousand dollars salted away somewhere he will own it and nobody can disturb him in his ill-gotten hoardings. Four hundred thousand dollars in ten years means forty thousand dollars a year, a salary almost as large as that of the President of the United States.

A few years ago an employé of the United States Express Company in this city, named Gilmore, was found to have stolen from the company fourteen thousand dollars. He was promptly arrested, confessed the crime, but refused to restore the booty. He was sent to prison, but after serving the State for about five years was released, when he at once dug up the money he had buried and at last account was in the full enjoyment of it, in spite of the efforts of the company to make him disgorge. As a messenger of the company he had been paid about sixty dollars a month, but by serving the State as a felon he had netted about three thousand dollars per annum, about four times his legitimate salary.

A lifetime of savings on Alvord's salary, would not have footed up to the amount that can be supposed to be standing somewhere to his credit.

Is the moral of these two instances that it pays to be a thief or is there a lamentable lack on the part of the State of making the punishment fit the crime?

But how about the silent watches, when to every man of brains there comes an overwhelming sense of duty outraged,

where the light cannot cover and the darkness cannot hide? G. M. R.

DR. BAYARD HOLMES, of Chicago, has removed to 1305 Columbus Memorial Building.

The Heart in Acute Rheumatism.

Rochester (*Journal of the American Medical Association*) says:

1. Acute rheumatism is an infectious disease.
2. Endocarditis is an integral part of the disease and not a complication.
3. Pericarditis is a complication, just as much as inflammation of any of the other serofibrous membranes, meningitis, pleuritis or peritonitis is, although it occurs more frequently than any of them.
4. Myocarditis is an integral part of the disease, not a complication; occurs much more frequently than is usually supposed; is frequently unrecognized, and is the most serious feature of the disease.

5. The occurrence of endocarditis, pericarditis or myocarditis, or the existence of a valvular disease, whether compensated or uncompensated, is no contraindication to the use of the salicyl compounds, but rather an index to push their administration to overcome the toxemia of the disease. Whatever one is chosen, it should be given in sufficiently large doses at sufficiently short intervals.

6. Rest in bed for a sufficiently long time is the most important part of the treatment of the cardiac manifestations of the disease.—*Memphis Med. Monthly*.

DR. LIBERMANN, Surgeon-General of the French Army, advises special use of hot grogs as adjuvant in treatment of La Grippe: "One-third goblet of Vin Mariani, with two-thirds boiling water, add cloves and cinnamon, and with or without sugar, making a grog of exquisite flavor, which produces immediate beneficial effect in severe cases of cold, attended by convulsive coughing and depression, the principal symptoms of La Grippe. It is best taken at bedtime. In the grip epidemics in France Vin Mariani was the tonic absolutely relied upon, and has received frequent mention in the medical press. It has been shown that patients recover very slowly, there is much general weakness and lassitude, invariably calling for something in the nature of a mild tonic stimulant, and it has been found that Mariani Wine is unequalled for such cases."

Book Reviews.

**

Therapeutics: Its Principles and Practice. By HORATIO C. WOOD, M.D., LL.D. (Lafayette-Yale), Professor of Materia Medica and Therapeutics and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania; Member of the National Academy of Science. Eleventh edition. Remodelled and in greater part rewritten by HORATIO C. WOOD and HORATIO C. WOOD, JR., Demonstrator of Pharmacodynamics in the University of Pennsylvania. Philadelphia and London: J. B. Lippincott Company, 1900.

The latest addition of this popular textbook is marked by so many new and valuable features as to give it the appearance of an acquaintance rather than that of an old friend. The reviewer well remembers the terrible task, in his student days, while reading a former edition, of endeavoring to separate the important facts from those of less value, and the utterly hopeless and discouraged condition in which he finally found himself. All this has been changed. The discussions *pro* and *con* of various authorities as to physiological action have been put in small type or as foot-notes, as have also the effects of the different drugs as noted on the lower animals; indeed, all matters of minor importance have been distinguished in this way. On the other hand, at the conclusion of the consideration of each drug, a general summary of its important attributes and actions has been inserted in large type. Both students and practitioners will appreciate this departure. The classification of drugs is the same as that of former editions—the classification that first brought the work into prominence—that of an attempt to follow as far as was consistently possible associated physiological action. In several immediate previous editions, original laboratory work on new drugs or new laboratory work on old drugs has been lacking; however, with the association of Dr. H. C. Wood, Jr., this omission has been very materially covered. In revising the work, too, many matters of seeming importance at the time of the appearance of the former editions have been eliminated, so that while the book covers a much broader field, it has not outgrown its usual size. Taken all in all, "Wood" will

probably stand the leader of the text-books on this branch for a long time to come.

M. A. B.

Urinary Diagnosis and Treatment. By J. W. WAINWRIGHT, M.D., Member of the American Medical Association, New York State Medical Association, etc. Illustrated with numerous engravings and colored plates. Pages 140. Price \$1.00 net. Chicago: G. P. Engelhard & Co., 1900.

This little book is one of the best that has appeared on this particular branch in late years. Not only does it give the various methods of urinary analysis, but also treats clearly of the clinical value and relation of these urinary conditions, and their importance in the application of treatment. The writer very properly places particular stress upon the importance of an approximate estimation of urea, and makes the following significant and valuable statement: "Even if repeated examinations show traces of albumin and some few hyaline or granular casts, there may be no immediate danger so long as the amount of urea excreted in twenty-four hours comes up to a fair average." He might have made this statement still stronger. Unfortunately, physicians are only just beginning to realize the truth of this statement. The test for urea as given in this book makes the approximate estimation of this important ingredient of the urine about as easy as the routine test for albumin or sugar. This lesson might well be taken to heart by insurance companies.

Chapters are also appended on Bright's disease, gout and allied conditions.

M. A. B.

DR. HOWARD A. KELLY, of Baltimore, who is to address the Academy on February 4, has arranged to prolong his visit in order to accept the invitation of Dr. Julia W. Carpenter to meet the medical profession on Tuesday evening, February 5, at the home of her sister and brother-in-law, Judge and Mrs. Wm. Worthington. Members of the Academy of Medicine, Cincinnati Obstetrical Society and Society for Medical Research are invited to call on that evening during the hours from 8 to 11 o'clock.

OFFICE FOR RENT to physician in good standing. Apply at 14 E. Seventh Street.

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A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

FEBRUARY 2, 1901.

WHOLE VOLUME LXXXV

INGUINAL HERNIA.*

BY B. MERRILL RICKETTS, PH.B., M.D.,
CINCINNATI.

Many methods for treating the same pathological lesion indicate vacillation and doubt on the part of operators. It also indicates that a satisfactory method has either not been devised, or ignorance of what is required.

It is a fact worthy of note that two-thirds of all cases of hernia are inguinal. In the Civil War (1861-65) 82 per cent. of all herniae of soldiers were inguinal, and it was more often found on the right side.

Malgaigne's statistics show that one out of thirteen males had hernia, and in females one in fifty-two; the average for France, both male and female, being one in twenty. The laboring class suffering more frequently than any other.

Krassnow found on examining recruits in Russia that there were five times as many cases of hernia among the Jews as among the Christians. The same is no doubt true in America and England.

Many of the methods thus far adopted have been of great benefit to those afflicted, and have also done much toward the discovery of a procedure that will meet all the requirements, and, therefore, be ideal.

The injection of astringents and massage have proven efficacious in a small per cent. of a certain class of cases. But injection should not be employed, because of the danger and uncertainty. Both injection and massage have failed to prevent recurrences; so have operations. Although this is true, massage has proven to be a great remedial agent in certain forms of hernia, especially in children. There will be a demand by the laity in certain cases for the continued use of injection and massage until all hope of their success must be abandoned.

A great many terms are used in a wrong sense or improperly applied. This is true with regard to a great many words peculiar to the science of medicine. There is no special advantage in having technical terms if they be not properly applied. It is supposed that technical words, to justify their existence, will promote economy in the use of words, and present the idea to be conveyed with greater exactness. Now we have the term inguinal canal. Canal is improperly used in this connection.

Canal: (1) A tube or duct for carrying the fluids of the body; (2) a hollow instrument used as a splint.

Channel: (French, chanel—canal.)

Annulus: A ring, circular or rounded opening. A circular or rounded margin. In biology an encircling band, e.g., annulus abdominalis, external and internal abdominal rings; annulus abdominis, the inguinal ring.

Ring: A circular opening or aperture; the structure surrounding a circular opening (Gould's Dictionary of Medicine, etc., fifth edition. Philadelphia, 1900).

"The author has expressly stated that the inguinal and femoral canals are not properly canals. . . . In a normal state they are simply flattened passages." ("Hernia," by Joseph Warren, M.D., second edition, p. 6.).

The inguinal ring (annulus abdominis) is a rounded or oval passage formed by the aponeurosis of the external oblique, the internal oblique, transversalis fascia, subperitoneal fat, and the peritoneum. In a normal state its average length is from one to two inches; through it pass the spermatic cord, vas deferens, and ilio-inguinal nerve.

* Read before the Medical Society of the State of New York, at Albany, January 29, 30 and 31, 1901.

Internal abdominal ring (*annulus abdominalis*) is situated in the transversalis fascia midway between the anterior superior spine of the ilium and the symphysis pubis, and about half an inch above Poupart's ligament. It is oval in form, and the extremities of the oval are directed upward and downward. The size varies. It is larger in the male.

The peritoneal surface opposite the internal ring (*annulus abdominalis*) forms a pouch for the cord and testis. This is called the infundibulum processus peritonei. Dr. Marcy says that this appellation is wrong; that normally there is no funnel-shaped depression. It is only formed by traction on the cord. He says the ideas usually held concerning this structure are due to the erroneous conclusions of Cloquet's work, published in 1835. Cloquet had dissected over five hundred subjects who had suffered from hernia. He mistook a pathological for a normal condition, and his error continues to be taught to this day. Gross terms this the *infundibuliform fascia*, and states that when the sac of an oblique inguinal hernia passes through the internal ring, the *infundibuliform process of the transversalis fascia* forms one of its coverings. The epigastric artery lies along the lower and inner margin of the internal ring.

"In very young children the inguinal ring is much shorter and less oblique, the internal ring being immediately behind the external ring" (Gross).

With the growth of the pelvis in its transverse direction the anterior spines of the ilia become farther apart, and thus draw the internal ring more and more away from (*i.e.*, to the outer side of) the external ring. Hence, the inguinal ring (*annulus abdominalis*) becomes more elongated and flattened.

The Superficial Fascia.—This is the first structure met after the skin has been incised. On being divided and reflected downward the superficial epigastric, superficial circumflex, iliac arteries, and superficial external pudic vessels are exposed. The terminal filaments of the hypogastric branch of the ilio-hypogastric nerve, and the upper inguinal lymphatic glands will also be exposed.

Aponeurosis of the external oblique muscle, Poupart's ligament or the crural arch is that part of the aponeurosis which extends from the anterior superior spine

of the ilium to the spine of the pubes. This ligament is supplied by the superficial epigastric artery.

Gimbernat's ligament is that part which is reflected downward and outward and inserted into the pectineal line.

The external abdominal ring (*annulus abdominalis*) is a triangular opening in the aponeurosis of the external oblique formed by the separation of the fibres of the aponeurosis. It is bounded below by the crest of the os pubis and on either side by margins of the aponeurosis. The artery of the vas deferens supplies this muscle.

The Internal Oblique Muscle.—This muscle is thinner and smaller than the external oblique muscle, beneath which it lies. Its aponeurosis is inserted into the crest of the os pubis, and, with the aponeurosis of the transversalis, forms the "conjoined tendon." The latter is behind Gimbernat's ligament and the external abdominal ring. Gross says that the insertion of the lower fibres of the internal oblique and transversalis extend half an inch laterally. Dr. Coley, quoting Dr. Blake, says that "in a majority of cases the extent is less than half an inch, and sometimes inappreciable; in this case, the insertion is almost wholly formed from the internal oblique." Its external surface is connected with the external oblique, latissimus dorsi, spermatic cord, and external ring; by its internal surface with the transversalis muscle, fascia transversalis, internal ring, and spermatic cord. The circumflex iliac artery supplies this muscle.

The Cremaster Muscle.—Is formed of numerous fasciculi arising from the middle of Poupart's ligament at the inner side of the internal oblique. The origin and insertion of the cremaster is the same as that of the internal oblique. It is supplied by the cremasteric artery.

The Transversalis Muscle.—Arises from the outer third of Poupart's ligament and from the cartilages of the six lower ribs and inter-digitates with the diaphragm. Its lower fibres unite with the internal oblique, thus helping to form the "conjoined tendon."

The Fascia Transversalis.—Is an aponeurotic membrane between the transversalis muscle and peritoneum. It is thick in the inguinal region. The epigastric and circumflex arteries furnish the blood supply.

The internal abdominal ring (annulus

abdominalis) is situated in the transversalis fascia about one-half inch above Poupart's ligament. It is oval in form, larger in the male than in the female. A quantity of areola tissue is between the fascia transversalis and the peritoneum opposite the internal ring. The epigastric artery lies along the lower and inner margin of the internal ring.

Peritoneum.—Forms a well-marked depression of varying depth opposite the inner ring; the epigastric artery furnishes the blood supply.

The insertion of the lower fibres of the internal oblique and transversalis extends one-half inch on the average, but in some cases it is much less. This small extent of connection of the muscles is one of the causes of failure of operations for the radical cure of inguinal hernia. The restoration of the parallelism of the fibres of the internal oblique with those of Poupart's ligament is claimed by some operators to be the main dependence for non-recurrence, but this is extremely doubtful.

From a consideration of the anatomy of the structures involved in inguinal hernia, it will be seen that they lack vascularity and nerve supply.

In an operation the nerves and blood-vessels must necessarily be severed. This prevents their perfect repair, and they are less able to withstand the intra-abdominal pressure.

The imperfect state of the muscles, and the lax condition of tissues due to sedentary habits, render hernia more liable to happen suddenly upon violent strain.

Persons suffering with hernia complain that they have more difficulty to retain the parts in place when weakened or debilitated by disease. This may explain the reason why elderly persons become more subject to this misfortune as age advances.

It is well known that the changes which take place in tissue that has been subjected to reformation are uncertain. But the many causes which produce this uncertainty are not known, or, if known, not well understood.

Dr. P. Assmy assigns the division of the motor nerves as the cause of ventral hernia following laparotomy. In such cases the intercostal nerves are divided. There can be no anastomosis with the nerves of the other side, and, probably, none with the neighboring nerves. Consequently, the muscle loses its innervation,

and undergoes paralysis and atrophy. Hence, the atrophic and weakened abdominal walls are easily protruded in response to intra-abdominal pressure. And this is true, too, in cases which have undergone operation for inguinal hernia.

Many operators advocate the entire removal of the sac. This is necessary, as often, when the sac is allowed to remain, it becomes gangrenous. Other operators claim that to effect a permanent cure it is necessary to restore the obliquity of the inguinal ring. But this is impossible, especially in a large or long-standing hernia, for in such cases the ring has become obliterated. There is no passage, and the external and internal rings have become one.

All herniotomies should be regarded as modified laparotomies. The only death that occurred in the author's practice was due to the fact that he failed to make an incision sufficiently long to enable him to make a thorough examination of the condition of the gut.

In at least 10 per cent. of cases operated upon the adhesions in repair resulting from closure of the inguinal ring are inefficient. This is true with all kinds of suture materials—that is, if suture alone be used. The most ideal material for this purpose is one of sufficient life to permit a deposit of new tissue upon the peritoneum externally, in connection with that upon the transversalis fascia directly, and the remaining tissues indirectly. Through-and-through sutures equalize the pressure on all the tissues involved. This is important with muscular tissue, which is on the stretch, and fibrous tissue. Shepherd, of Montreal, says all kinds of sutures will not last more than three or four weeks when placed in tissues on the stretch. It can be readily seen that either the sutures must give way or the tissues themselves tear. Most operators strongly favor some one kind of suture material. Non-absorbable sutures have powerful advocates, while absorbable sutures have just as able advocates. Many statistics are given showing the advantage of one kind of suture over the other. But statistics are not always reliable. Still, the preponderance of opinion is in favor of non-absorbable sutures, silver wire and silkworm-gut. One report states that of 116 cases in which silk was used, suppuration occurred in 24 per cent., while in 330 cases

in which silver wire was employed only 4.2 per cent. suppurated.

If animal sutures are as short lived as some claim them to be, patients should not be allowed to sit erect, or get out of bed on the eighth or tenth day, as Bassini directs.

Those operators who favor buried suture claim that infection occurs less often when wire is used. Many oppose leaving wire sutures in place. What real objection can be raised to this procedure? The presence of wire will not interfere with the natural movements of the tissues any more than does a linear cicatrix produced by absorbable sutures. And, in addition, it prevents the rupture of the cicatrix by intra-abdominal pressure, and, therefore, contributes to the prevention of relapse.

The use of a wire mattress meets all the objections that can be urged against other methods of uniting the severed tissues. If a sufficient quantity of wire be used, and if the mattress be properly and permanently placed, sutures may not be necessary.¹ Of course, at times, fixation sutures may be needed. Such a procedure interferes the least with the vascularity and innervation of the tissues involved.

Absorbable sutures defeat the very object desired. The conditions are such that only a non-absorbable and elastic material can be used.

The fear of infection need deter no one from the use of the wire mattress. If infection should occur, the method employed by the originator of the use of the mattress, Dr. A. M. Phelps, is satisfactory. He curettes out all the infected portion, fills wound with carbolic acid, and washes the latter out with alcohol, claiming that in all cases in which he employed the wire mattress not a single relapse has occurred, and that the strongest part of the abdominal walls is that part involved in the field of operation.

Many surgeons claim that if they could prevent sepsis they could be certain of a perfect cure. Others claim that a very large percentage of their cases are septic, but only a small per cent. relapse. While the former class state that their relapses will amount to 10 or 15 per cent.

What deductions are to be made from these conflicting statements? Does infec-

tion cause recurrence? If so, what degree of infection is necessary to produce relapse? Is it not time to draw a halt in this seeking excuses for what, in reality, is caused not by infection, but by imperfect methods and imperfect work? It is probably the patient's skin and hands of the surgeon which are responsible for infection. It is impossible to sterilize the skin or hands. All kinds of suture material can be sterilized.

Varicocele¹ is said to be a causative factor in producing inguinal hernia. Now statistics show that inguinal hernia is more frequent on the right side, while varicocele is more frequent on the left. It is reasonable to infer that if varicosis has anything to do with inguinal hernia the latter should be found more frequently on the left side than on the right, or that varicocele should be more frequent on the right side. Might not varicocele act as a preventive to inguinal hernia? If varicocele does so act, the veins of the scrotum should not be excised. And since there is no positive proof that varicosis is a causative factor in inguinal hernia, the veins should not be excised because of any fancied effect on the hernia. There are many other conditions which imperatively demand their excision, but their excision for the relief of hernia is uncalled for.

In attempting the reduction of a hernial tumor it should be borne in mind that the formation of the peritoneal sac may be double or multiple, though this is a rare condition. Therefore, it is best never to assume, but determine from positive knowledge, the actual condition. Always give the patient the benefit of a doubt.

Dr. R. H. Russell claims that inguinal hernia in children occurs because of the presence of the hernial sac, which has remained after the testicle descends into the scrotum. A permanent cure may be effected by simply excising the sac. But Funke and others claim that atrophy of the testicle often follows herniotomies in children. This is caused by the cord being compressed by the cicatricial tissue.

The statistics of infection and recurrence in inguinal hernia are interesting and instructive. Dr. Marcy claims that only 2 per cent. of his cases suppurrated.

¹ If the mattress be properly placed over the opening, I doubt the necessity of suturing the tissues beyond.

¹ Varicocele (varus, varix, crooked; and *κηλη*, tumor). Why not form the entire word from the Greek—cirsocoèle (*κιρσός*, varix, and *κηλη*, tumor)?

In 500 operations there were about 10 per cent. of recurrences.¹ Dr. J. Collins Warren claims that the percentage of recurrences will average less than 8 per cent. He favors silk for suture. According to this writer only 2 per cent. of adults are cured by wearing a truss. He differs from Drs. Bull and Coley in placing the age limit for operative treatment at fifty. He has had good results in cases much older.

The author of this paper secured as good a result in a case of a man seventy-eight years old as in any younger man. Dr. Warren claims that if a relapse does not occur within a year of the operation it may be considered as safe from relapse.

The writer in the last fourteen years has operated on forty-seven cases of non-strangulated inguinal hernia. There was one death. This event occurred suddenly sixteen days after operation while the patient was on the commode. Death was probably due to perforation of the gut caused by internal strangulation. One relapse. Two recurrences (4.22 per cent.). One case was the third operation upon a man who had two previous operations by other surgeons. Another was the second operation for a recurrence. In the first operation I used silver wire. The ages of my patients ranged from eighteen months to seventy-eight years. Including stitch-hole infection, suppuration occurred in twenty-three cases (49 per cent.). In one case a very deep and severe abscess developed; the source of infection was determined. Metal sutures were employed in four cases, kangaroo tendon in forty-three. Suppuration occurred in two cases sutured with silver wire (50 per cent.). It was not necessary to remove the wire. Twenty-one cases suppurated which had been sutured with kangaroo tendon (49 per cent.)². All except six of these cases occurred in private practice; the six were performed in public hospitals. The large percentage of infection was probably due to the imperfect means at hand in private homes to secure asepsis.

Dr. Coley, in his latest published paper

¹ One well-known surgeon claims that suppuration is always followed by a recurrence.

² As one year is generally taken as the limit for recurrence, if the ten operations performed during the last year he omitted the percentage of recurrence in my practice will equal 5.4 per cent.

on inguinal hernia in the female, states that in every case in which suppuration occurred it was due to stitch-hole infection. The Johns Hopkins Report, Vol. vii, gives 20 per cent. as the percentage of infection in 366 operations.

Dr. Coley is a firm advocate of the use of cat-gut and kangaroo tendon. On page 5 of his reprint, "The Radical Cure of Inguinal Hernia in the Female," he states that absorbable sutures can be made absolutely sterile. He also claims that he and Dr. Bull have used cat-gut and kangaroo tendon ten years, implying that they obtained good results. Then he states that the clinical results as regards primary union are unfavorable to the use of absorbable sutures. He immediately states that the use of non-absorbable sutures has its disadvantages, and argues against their use. He quotes Dr. Bloodgood's report to support his argument. These very tables, or his own quotations from them, are contradictory, for where silk was used suppuration rose to 24 per cent., while where wire was used only 4.2 per cent. suppurated. So, too, with regard to the formation of sinuses. Coley says that not alone in cases which supplicated that sinuses developed, but they may develop months and years after the operation, and that they occur when there is perfect primary union. Quoting Dr. Bloodgood again, he says of twenty-two cases closed with silk only three healed without discharging some of the deep sutures, while nine out of thirteen closed with silver wire had no sinus formations. On page 8 he says in effect that having proven the superiority of chromicized cat-gut and kangaroo tendon over silver wire, silkworm-gut, etc., it remains for the users of the latter materials to prove why they should not abandon their use. To an unprejudiced person it seems that if he has proved anything he has proved the superiority of silver wire and silkworm-gut. Then on the last page he says that 6.5 per cent. of his last series of operations suppurated. And this took place when he used absorbable suturing material; 4.2 per cent. suppurated when wire was used, and only (?) 6.5 per cent. with the boasted absorbable sutures.¹

¹ The very fact that many surgeons are using chromicized kangaroo tendon is a self-evident fact that they are seeking something longer lived than the suture material ordinarily used.

One hundred and thirty-one circular letters were sent out to as many different surgeons in this country requesting the approximate percentage of recurrence in cases upon which they had operated for inguinal hernia. Only sixty-six replied. Of these three say they had but a few recurrences, but give no definite percentage. Eight claim to have had no recurrences, seven give no percentage, fifteen say they know nothing definite regarding the latter history of their patients. Thirty three give a definite approximate percentage; this varies from 1 per cent. to 15 per cent. The average percentage given is 5.6 per cent. This percentage agrees with that stated in the latest text-books. By taking the percentage as given by these thirty-three operators and adding the percentage of recurrences in my own practice, the average percentage for thirty-four operators will be 5.58 per cent.¹ Some of the figures given seem very low, while others seem excessively high. Still, the highest percentage given only equals the average per cent. for Europe. Prof. Girard, of Berne, says that the average percentage for Europe is 15 per cent. His statement is corroborated by Kuemmel, of Hamburg. Dr. A. H. Ferguson gives the following statistics: Number of patients, 227; double herniæ, 32; total number of operations, 259; number of patients heard from, 165; number of relapses known and reported, 0; reward offered for every case of relapse after "typic operations," \$10.00; number of cases in which the reward has been claimed, 0. He is the authority for the statement that Drs. Wm. and Chas. Mays have performed over 500 herniotomies, using Ferguson's "typic operation," without a single relapse. Dr. Christian Fenger says: "I should judge that the recurrence does not exceed 5 per cent. I have myself certainly not operated a second time on 3 per cent."

All those writers who have given a definite approximate percentage base it on their total number of operations. This is not exactly fair if it be true that at least one year must elapse before an operation can be considered successful.

Now, if the approximate percentage of recurrence equals 5.58 per cent. on the cases that are known, how much greater

¹ This percentage is based on the aggregate number of operations reported by these thirty-four surgeons, 6,027.

would the percentage be if the fate of all the patients was known!

It is but common justice to say that those who reported no percentage, or know nothing of the after-history of their patients, or who do not report an approximate percentage, are just as prominent as those who did, and have performed at least as many operations.

One prominent surgeon says: "The observations in these cases show that nearly one-half have recurrence. The more modern methods of operation seem to have lowered this percentage."

Another claims that relapse is caused when there is "either sigmoid or cecal hernia, where the bowel has come through the canal without peritoneal covering upon its posterior surface," and when the patient has been a heavy beer drinker and has fatty degeneration of the muscular tissue.

Dr. Abbe says since he has used the Bassini method he has had no relapse. He uses silkworm-gut in all cases to suture Poupart's ligament to the internal abdominal wall. He further says: "I have never had one thrown out; none suppurred so as to require removal."

The seven favorite operations in use to day for the radical cure of inguinal hernia are the Marcy-Bassini, Macewen's, Andrews', Halsted's, Ferguson's, Phelps' and Bloodgood's. The expression, "Marcy-Bassini," is used advisedly, because Dr. Marcy discovered and employed this method long before Bassini announced to the world the method which bears his name. Dr. J. Collins Warren also hit upon this method of operation, which he claims to be the nearest to nature's method, independently of Bassini. The Marcy-Bassini method seems to be the most popular. From statistics at our command it is permissible to venture the assertion that 95 per cent. of herniotomies performed are according to the Marcy-Bassini method, or modifications thereof; 3 per cent. will cover all other methods in which absorbable or buried sutures are employed; 2 per cent. will cover all operations in which wire is used. There are on record about one thousand operations in which wire was employed. The Marcy-Bassini operation was a great advance in surgical technique. A professor of surgery said that the recurrences amounted to over 50 per cent. when he employed the McBurney

and Macewen operations. There was but one relapse in his last series of operations. The Bassini method was employed in twenty-three cases and the Halsted in two. The relapse was a Bassini.

Witzel, of Germany, closes hernial orifices by deep sutures; he then weaves the silver wire in and out the strands—in other words, he darns the opening.

In conclusion, permit me to call your attention to three additional causes of failure in radical operations for inguinal hernia: (1) Deficient origin (attachment) of the internal oblique; (2) pressure on the walls of the abdomen by the truss (where one has been worn); (3) the length of time the hernia has existed, especially in the aged.

In making a radical operation don't divide fibres of any tissue, don't cut blood-vessels, don't cut nerves. If there be no cutting of nerves or blood-vessels repair will be more certain and rapid, for the reason that the vitality and innervation of the tissues will be preserved. But the operator should cut out the fat.

The question of evolution, perhaps, plays an important part in arriving at a true philosophy of the etiology of inguinal hernia, at least in the male.

Is inguinal hernia more prevalent today than in past ages? Is inguinal hernia, or rather the structural peculiarity which makes it possible, a reversion to the type? Or is there a failure during fetal life of certain metamorphosis in the morphology of the pelvic structures and organs? All of these are interesting questions, and our answers to them will determine finally the disputed theories concerning the philosophy or etiology of hernia.

It might also be well to examine into the question whether anything in the habits produced by our rapidly advancing civilization has anything to do with it. Is man advancing toward perfection morphologically, or degenerating? In the time of the Emperor Constantine operations for hernia, which involved the loss of the cord and testicle, were so numerous that they were checked by a royal decree for fear that the country would suffer from the lack of population.

Perhaps an apology is due concerning the use of names. The writer has not felt at liberty to use the names of those who imparted information through personal communications except in a few instances,

but he has felt at liberty to use the names of the authors of the published articles to which he has referred in this paper.

EXPERIMENT.

Wire, silkworm-gut, cat-gut, silk, and kangaroo tendon were buried in a dog's belly in order to test the various theories advanced concerning the longevity of different kinds of suture material. The specimen shows far better than words the results obtained. The tissue is seen growing through and through the meshes of the wire mattress. The latter is just such a mattress as is used in the Phelps' method of herniotomy. It shows how little the mattress interferes with the natural movements of the muscles involved, and it also proves that the mattress produces no evil results by its presence. The absorbable sutures have begun to disintegrate. This process had evidently begun several days before the animal was killed. The non-absorbable sutures are intact. The dog was killed and belly wall removed fifteen days after the operation.

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A WATERY solution of muriate of ammonia alone, or mixed with an equal quantity of vinegar of squills, has been successfully applied to the hydrocele of infants. A cloth soaked with the mixture is to be kept constantly on the parts.—*Med. Summary.*

**MECHANICAL MEANS FOR INSPECTION
OF THE RECTUM.***

BY J. AMBROSE JOHNSTON, M.D.,
CINCINNATI.

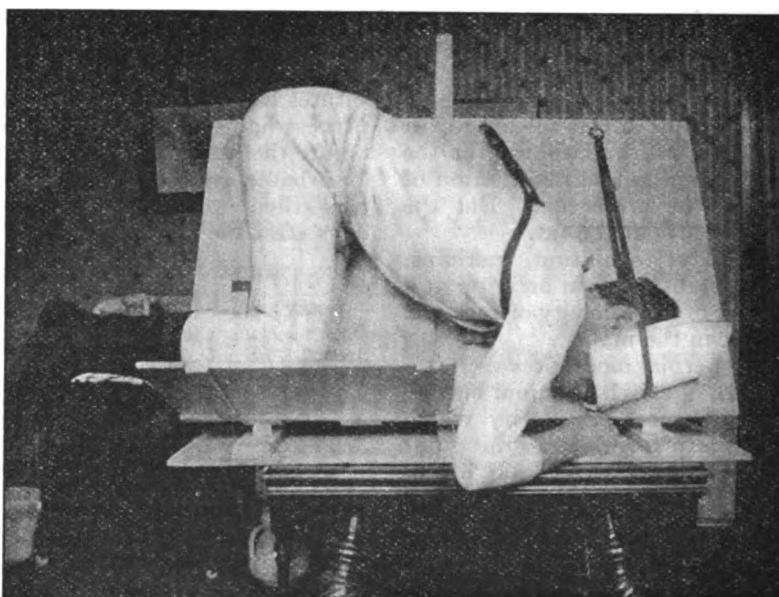
Until within the last score of years the rectum, with its "piles," has been a rich field for the quack. Now most physicians pay more attention to rectal diseases, and instead of a few questions and a prescription they make a thorough physical examination, which necessarily leads to better treatment.

As the nose, throat and ear need special instruments and technique to visually ex-

think the reason for this is due to the difficulty of placing the patient in the proper posture for inspection.

In 1845 Dr. J. Marion Sims discovered that the hollow pelvic viscera would inflate if the orifices were opened at a time when the hips were higher than the chest. This was the beginning of the knee-chest and Sims posture. As he was specially interested in plastic work on the bladder, vagina and uterus, he used these postures particularly to inspect the vagina, and probably never tried to inspect the higher rectum and lower sigmoid.

In 1871 Dr. Wm. H. Van Buren, of



Side view of patient in position.

amine, the rectum, being a collapsible tube, all the more requires the employment of special apparatus and technique for a satisfactory inspection.

Until within the last five years the rectum, excepting in its lower three or four inches, was not inspected, and even now it is not visually examined by the great majority of physicians as it should be. Although for half a century a method for examining hollow viscera in the pelvis was known, yet few availed themselves of this means of inspecting the rectum. I

New York, was the first to publish an account of the use of the knee-chest posture for the inflation and inspection of the rectum.

Since then others have used similar postures and used retractors or tubular specula for opening the anus.

In 1895 Dr. Howard A. Kelly described a method of proctoscopy by means of the knee-chest posture and tubular specula. He more than any other has popularized this method.

Later Dr. Thos. Charles Martin devised a modified Yale chair, so that one can readily place a patient in the knee-chest posture, a posture difficult to get with

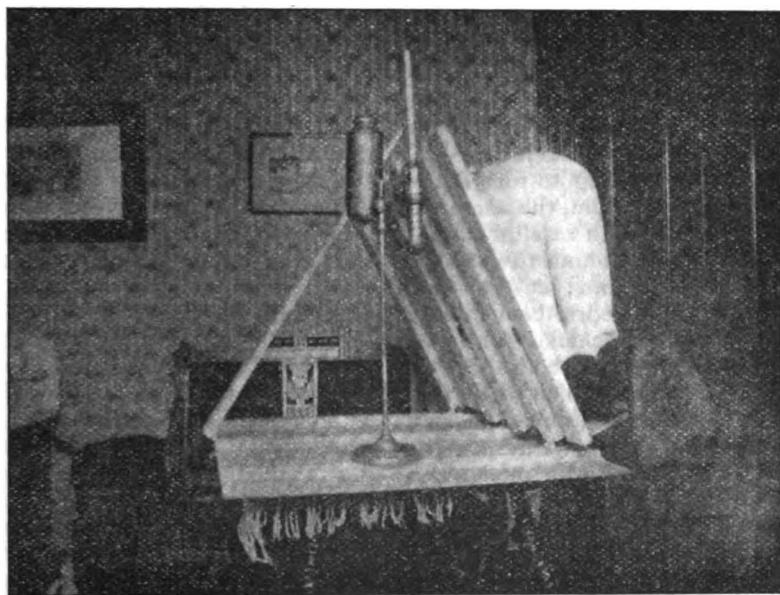
* Read before the Academy of Medicine of Cincinnati, December 10, 1900.

most patients, and somewhat tiresome, too, unless supported in some manner.

Dr. A. W. Abbot, of Minneapolis, used a Sims speculum and a straight piece of iron twelve inches long and three-quarters of an inch wide to open the rectum, Sims' speculum answering for the posterior retractor and the straight piece for the anterior, the patient being in the knee-chest posture.

To quickly and painlessly examine the rectum it is necessary to have the proper equipment. In order to get something less expensive than and just as efficient as a Yale chair, I have devised a table by

one end of the right or hinged edge of the upper leaf a knee-shelf is fastened at a right angle. This knee-board is ten inches wide and twenty inches long. To the un-hinged edge is attached a supporting bar thirty-six inches long, which will hold the upper leaf when opened in any position from horizontal to about seventy degrees. This bar is hinged to the lower leaf, and has notches cut on one edge three inches apart. On the under surface of the upper leaf opposite the bar is an iron button three inches long, one-eighth inch thick, with the end which catches in the notches on the bar bent down so it cannot pull



End view of patient raised into position.

which the knee-chest posture is readily obtained without any effort or embarrassment on the part of the patient. The cost of this table runs from about five to ten dollars. It can be folded up and put away in a closet. It can be carried from house to house. It can be placed on a bed, table, chair, or on the floor when in use.

The table consists of two leaves made of pine lumber half an inch thick. The lower leaf is thirty-one inches wide and forty inches long. The upper leaf is hinged to the lower five inches from its right edge, so that the two leaves close together like the covers of a book. To

through the notches, which are about one inch deep and an eighth of an inch wide. A small pillow and two straps, one for the shoulder and the other for a head support, complete the table apparatus.

I use the specula devised by Dr. Thos. C. Martin. The anoscope consists of a short cylindrical tube open at the ends. It is two inches in length and seven-eighths of an inch in diameter. The proximal end is provided with a trumpet-shaped expansion and a strong handle.

The proctoscope is like the anoscope, excepting that it is four inches in length.

An obturator is made of hard rubber and is so devised that it fits both specula.

To visually examine the rectum it is not necessary, as a rule, to make any preliminary preparation of the patient, as the rectum is normally empty. Even if some feces are present in the rectum the inspection, as a rule, is not interfered with. But if the examination is to be repeated the patient can be told to take an enema several hours before the time for inspection.

THE TECHNIQUE.

There is no need of an anesthetic. The patient is required to lie down on the table on his left side, facing the knee-board, and, if a woman, a sheet is thrown over her as she gets on the table.

A digital and ocular examination should now be made of the perineum in order to detect external hemorrhoids, abscess, fistula, fissure, prolapse of the rectum, or skin diseases. Then introduce the finger into the rectum to detect what it can.

Now, if there be nothing to forbid the introduction of the speculum, the anoscope warmed and lubricated with vaseline should be gently pressed into the anus toward the promontory of the sacrum; at the same time the patient is required to bear down; bearing down dilates the anal sphincter and relaxes the levator ani, consequently thinning the pelvic floor, which then gives less resistance to the speculum. When the speculum is in place withdraw the obturator and the inspection is made. As the anoscope is slowly withdrawn observations are made and it is noted that the upper part of the sphincter contracts down over the end of the anoscope, giving a flat field to inspect.

To examine the upper rectum and lower sigmoid the patient retains the same position—knees on the knee-board and thighs at a right angle to it. The right arm is passed through a shoulder-strap, which is attached to the left middle edge of the upper leaf. Another strap—a sling—is placed over the forehead to support the head. Now the upper leaf is raised up to an angle of about seventy degrees and held there by the supporting bar. The illumination may be from a tallow candle, oil, gas, or electric lamp, placed so that the head mirror will reflect the light into the rectum. The proctoscope is now inserted in the same manner as the anoscope; after passing the sphincters the end is directed toward the concavity of the

sacrum. The withdrawal of the obturator is followed by an audible inrush of air and inflation of the rectum.

One can now inspect about ten inches of the lower intestinal tract—a site where most of the diseases of the lower bowel are found. Congestion of the rectal mucous membrane, growths, strictures, ulceration or rectal fistula can be seen and treated.

But that which to the beginner in proctoscopy will lend the most interest are folds of mucous membrane called Houston's valves. The number of these valves is variable. Dr. Thos. C. Martin says: "Some subjects have two, others have four, but 90 per cent. of persons have three. The uppermost valve is invariably situated at the juncture of the rectum and the sigmoid flexure, and is usually situated on the left; the next is on the right wall and the lowermost on the left. The position of the lower two valves is sometimes anterior and posterior. The attached border of each valve runs around more than half the circumference of the rectum."

There are some eminent authorities who say there are no such valves or folds. Dr. Joseph M. Mathews, in his work on "Diseases of the Rectum," 1896, page 37, says:

"Mr. Houston described some ineffaceable folds, which have received the name of Houston's semilunar valves. That the student may have an opportunity of looking for them I will give the location where it is said they can be found: (1) Near the commencement of the rectum on the right side; (2) on the left side, opposite the middle of the sacrum; (3) on the fore part of the rectum opposite the base of the bladder; here they are said to be the best defined and more constant; (4) one inch above the anus, on the back part of the rectum; but they are said to be inconstant.

"Their use: To support the fecal mass.

"I have been thus explicit for the reason that I deny their existence, and if they did exist I would deny that their use was 'to support the fecal mass.'

"For many years I have searched for these folds, and I have yet to encounter them. In my opinion they existed only in the author's 'mind's eye.'"

Does it not seem strange that one who for years has made the rectum a special study should not accidentally see these folds of Houston?

I am just as certain that Houston's

valves or folds exist as I am that the soft palate exists. If any one doubt their existence those doubts can be dispelled by looking into the rectum when a patient is in the knee-chest posture.

Whether these folds ought to be called valves or not I am unprepared to say. They may serve to support the fecal mass, and certainly do not prevent a backward movement of the feces into the sigmoid. The soft palate is a valve which will not permit food to pass into the nares under normal conditions; yet it is effaceable to the same extent that the rectal folds are.

The margins of these rectal folds sometimes become hypertrophied and resistant, so that they cannot be effaced. This condition is said to be a cause of obstinate constipation, which can only be relieved by incising the valves. This condition in times past, I dare say, has been diagnosed linear stricture of the rectum.

Sometimes the rectum will not inflate because of stricture of the rectum, inflammatory fixation of pelvic organs, ascites, and extrarectal growths.

Tincture of Digitalis in Delirium Tremens.

Tincture of digitalis in large doses in the treatment of delirium tremens is not of very recent origin, according to a communication by Dr. A. G. Paterson (*Lancet*, 1900, No. 4,021, p. 902). He says that his father had been treating all his numerous cases of delirium tremens with one-half ounce doses of tincture of digitalis since 1877, and always with excellent success. He found that if the full dose of one-half ounce was retained by the patient he usually went to sleep within half an hour, and slept soundly for many hours in succession, awaking refreshed and with a clear head. In one case of very violent character the patient, a man of thirty-seven, went to sleep immediately and slept uninterruptedly for sixteen hours. Even in cases where the patients do not go to sleep, they become quiet and restful. The digitalis seems to quiet the cerebral circulation.—*Merck's Archives*.

THE menopause is not a disease; *per se* it is not even a derangement. It is an epoch of life; it is the closing of one chapter, the opening of another.—*Med. Summary*.

SOME THEORIES FOR WHICH I SHOULD LIKE TO SEE THE PROFESSION TRY.*

It is Possible to Obtain Them, but Not Probable that We Will.

BY MAJOR W. O. OWEN, M.D.,
FT. THOMAS, KY.

The medical profession is held in esteem by the public in accordance with the standing of the more poorly equipped men of the local organization, for the local organization, by accepting them into its ranks, vouches to the public for them as competent men. For it is the more poorly informed men who are given to airing their thought medical to the lay public, and whose opinions are most quoted and whose differences are most often held up to us as the differences which exist between medical men. The better men keep quiet, recognizing better the limit of their knowledge.

The medical men are most highly respected, and in many cases loved, by their individual clientage, but many medical men, trying to gain and hold this same clientage, are guilty of bad habits in collecting their bills and attending to their other business matters which give the public devoted to business a wrong impression of their capacity as business men, with the result that they are denied their rights; with the result that the hospitals, whose very existence depends upon the voluntary labor of the medical man, and whose reputation depends on his skill, are placed in the hands of the business man. The thought being that if the doctors are allowed to run the hospitals they would soon run them to ruin from a financial standpoint.

There may be public hospitals whose finances and appointments are controlled by medical men, but they are not very much in evidence. One of the large London hospitals was very recently in one of these fights between the doctors and the administration of the hospital (composed of business men who thought that doctors should attend to their doctoring and let business alone).

I would ask what power does a board of health have in comparison with that which it should have? Why should not a board of health guarding the public

* Read before the Academy of Medicine of Cincinnati, January 21, 1901.

health have the same power to control and enforce its mandate as a court of law guarding public morals? Why should the members of this board receive, as a rule, less pay than the members of the law court? Surely men's lives are nearly as valuable as their morals. Either a board of health is competent to decide when anything is a menace to the public health, in which case it should have authority to enforce its mandate, or it is incompetent; in the latter case it should be reformed with competent men. To be compelled to enforce its orders through a court of law is to lose valuable time in which the public health may be greatly endangered.

Has not the day come when the medical man should demand the rights and respect which the possession of special knowledge should entitle him? Why should the business man control the hospital for him? Why should the court of law be needed to enforce the mandate of the board of health? Who controls when the danger of death is to be faced from epidemic disease—cholera, bubonic plague, yellow fever, etc.? Do the officers of the law then put in an appearance? No! No! They have much business over in the next county that compels their presence, where there is no epidemic to face.

The courts of the law watch for infractions of the moral law, such as theft, etc., to protect the public from injury and to enable each to obtain his moral rights. Why should there not be a court of public health whose business it should be to administer justice and to give to each his rights to pure air, pure food, and pure water, to protect each from incompetent medical men. Law is said to be that which has been enacted for the greatest good of the greatest number; under this head, then, certainly should come the board of health and take its place as one of the courts of the land, and be called not the board of health, but the Court of Public Health, before which should be tried all infractions of the sanitary law, with power to enforce its orders, to inflict punishment, to investigate complaints of unsanitary conditions made by its own officers appointed for the purpose of looking into infractions of this law, just as the ordinary police look after the violators of the ordinary law. This court to pass upon the qualifications of medical men to practice medicine within their jurisdiction,

just as the ordinary court passes upon the attorney of law to practice before them.

The lawyer passes upon the lawyer. Why may not medicine have its own courts, where all matters which bear upon medical and sanitary matters may be judged by judges learned in medicine as well as statute law bearing upon medicine? The lawyer disbars the lawyer for incompetency or rascality. Why may not the medical man disbar the medical man for the same reasons? Are men's rights to pure air, food and water, and protection from diseased contact of less value than their pocket-books or their morals?

In cases of criminal insanity the judge on the bench should certainly be a medical man, and one, too, of fine attainments. Who could be more capable of judging between the conflicting testimony of the medical expert?—in which so often the incompetent man is put on the same plane with the competent, and where too frequently the testimony of the incompetent bears more weight than that of the competent with the judge and jury of the present system, simply because the opinions are delivered with the dogmatism so often the characteristic of ignorance.

Not only should a man be competent to practice when he commences the independent practice of medicine as a business, but there should be some means provided whereby when he does not remain competent and up to the standard that the right to practice should be withdrawn from him.

Take an extreme case. A man who has shown by his results that he was a competent man, becomes a morphine habitué; his mind gradually fails, his results become bad. Some means should be provided whereby the right to earn his living by medicine should be withdrawn. The lives of the human race should not be sacrificed to a sentiment, the right should be withdrawn.

I have knowledge of a practitioner whose sanity was not in the least suspected, and yet a few days later he suddenly became insane and I had to take him to the asylum, where I was informed that this was his second attack and that both were due to his use of morphia. During my absence from home my wife called on him professionally and he advised her to take sixty grains of antipyrine every two hours for a headache until the pain was relieved.

Alcohol is no excuse before the law for murder done, nor should morphia or cocaine be; murder committed by the prescription of an insane medical man (due to morphia or other drug) should not be overlooked, any more than the law overlooks the action of a whisky-soaked brain in shooting another man. Death, the result of the prescription of a drug-befogged brain is equally murder, whether the brain is clouded by the use of alcohol, cocaine, hemp or other drug. If a man will practice medicine he should yield the personal right to indulge in intoxicants in excess.

Dishonest medical men have existed since the beginning of medicine, and they will continue until the end of the world, or at least until the world no longer needs medical men. This is one of those cases which we cannot control entirely; therefore, will it not be best to acquire such control as may be possible, and to insist that they, the so-called irregular practitioner and medical shark, shall at least be educated in the rudiments of medicine, so that they cannot ignorantly involve their patients in dangerous procedures or poison them with drugs? Why not do away with the idea that a man, to practice medicine and surgery, must be a graduate of this or that medical college, which college must be in good standing with the particular examining board, thus engendering the opposition of all the "pathies" and their friends and enabling them to cry, "See how they persecute me!" Why not have an examination to determine that the candidate has the fundamental knowledge of anatomy, physiology, of the various organs of the body, with a knowledge of medical and surgical pathology, and of how much of this or that drug the human body will stand safely? Such a man cannot go very far wrong unintentionally, whether he practice Christian science, osteopathy, or any other form of suggestion. What possible difference can it make where a man graduates, or whether he graduates at all? What should be required is that at the time that he presents himself for examination he should have a good working knowledge of the foundations of medicine. The right to practice medicine, like all other rights, is granted by the public, and the public should receive from a judge of the Court of Public Health or other qualified examiner a guarantee that the candidate

possesses the needed knowledge. To protect the public from incompetent and ignorant medical men should be the sole object.

State medical examining boards could be somewhat improved if all the questions to and the answers of all candidates were written out, and were made a part of the public record of the office of the examiner, which record should at all times be open to the public press as well as the professional, and that both were at liberty to publish said examination in detail, giving both the name of the candidate as well as that of the examiner. Were this the law and the examiner was prohibited from making an oral and was compelled to depend for his judgment of the proficiency of the candidate upon the written questions and answers before him, what would be the result? Under these conditions the examiners could not afford to say that incompetents were competent nor the reverse, for if these questions and answers were public property and the judgment liable to be called to the bar of public opinion on the public record, the examiners would be compelled by self-interest, one of the more powerful of the factors of human life, to render the best possible judgment within their power. The medical profession should have the right to know upon what evidence a man has been admitted to their ranks.

An absolute law giving the public the right to know fully the evidence upon which a man has acquired the right to practice medicine can only result in a higher and better standard to be required from the candidate for the right to practice medicine. Make this examination include only the foundation of medicine—anatomy, physiology, medical and surgical pathology, safe dose of drugs—and leave all questions of where, or of what class of medical school he may have graduated, and we will then at least have men educated in the foundations of medicine. Men of this class will not go very far wrong as practical men, no matter what "pathy" they may take up as a dodge to get or to hold practice. The educated medical man when he has a case in which his "pathical" method of suggestion fails, simply and at once resorts to the experience of himself and others for a method of cure. He wants the reputation that comes from carrying a more or less desperate case of disease

through to a cure, for with the more or less perfect cure comes reputation, with the reputation comes business and money.

I was raised to believe and to think that it is derogatory to the dignity of the profession to resort to public advertisement, or private cards, or handbills, inviting attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or to suffer such publications to be made; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

Had any one man in my day in my home town in civil practice dared to violate the spirit of this, the faith of the profession, his attention would have been called to it promptly by the opinion of the profession being made very plain to him by direct word of mouth. I have watched this for some few years from an outside point, and the thought has been driven home to me that while advertisement is thus prohibited it is not a just nor equably acting law. We allow some men to advertise, with the result that they—those who are allowed by the current feeling of the profession to advertise—are doing well and find the road to advancement less difficult than those who do not advertise. As this cannot be stopped I am compelled to think that if any man chooses to advertise he should be allowed to do so without stigma being attached to him so long as he confines himself to that which he can in fact perform; in other words, confines the advertisement to the truth.

I for one can see no reason why, if a man chooses to advertise his medical wares for sale, he may not do so without losing caste; but when he does do so I can see many good reasons why he should be called upon to demonstrate by actual practice that he can obtain the results that he has advertised that he can, and if he fails after a fair trial to do so that he should be prosecuted before the Court of Public Health or other courts, and upon conviction that the conviction be published at his expense and the offending advertisement withdrawn. Truthful advertisement will do

the profession no harm, but a lying one does injury to public morals as well as public health, and should be suppressed, whether it be that of a firm or an individual.

It has been said that it is derogatory to professional character for a physician to hold a patent for any surgical instrument or medicine. I acknowledge that this is my own feeling; that I should feel strongly against any man who patented anything pertaining to medicine, and that it would prejudice me against the use of the patented article. But is this just? Is it right to deprive thus our professional brothers? Are we not entitled to the product of our own brain? Why should we desire to compel our brothers to give up the result of their labor to our use and profit and to give him nothing but the barren glory of being the discoverer.

Should some one man discover an anesthetic which under every and all conditions would give absolute safety so far as the anesthesia was concerned, he could not patent it, for if he did he could not sell it. The profession would not use it. Is it just to the discoverer to thus compel him to give his work to the world for its benefit, with no reward except the consciousness of work well done and the gratitude of the race, which sometimes feeds the man and his family and sometimes does not.

We follow this business on the principle that it is not just to the race that we should hold anything that is of value to them to our personal benefit. We must give it to them as a bonus, and in order to make the sacrifice complete we compel our individual members to deliver to the public such things as they discover without other compensation than the public may give in an increased number of calls sent him. We should give our members more liberty, and should demand from the public better remuneration. Why does not the medical man enter politics and demand better treatment? There are but few of our number who do not have at least a dozen friends whom, with careful, intelligent work, he could influence to vote as the medical man saw and thought for the best interest of the public.

Let us try to obtain the control of the hospitals in all their details; their very existence depends upon us. Let us try and gain control of the boards of health;

they are the result of our labor for the public good. Without us they cannot exist, and let us demand that we be paid properly for this work. Let us work for and demand that all men who are to be allowed to practice medicine shall at least be men who have an education in the foundations of medicine.

There should certainly be a branch of the judiciary whose sole function should be connected with the control of all public-health matters and the enforcing of all laws bearing thereon to prevent one man from so acting that his actions will result in injury to the health of his neighbor, and under whose jurisdiction all boards of health, quarantine boards, food inspectors, coroners and all others whose duties bear on public health should act, and form a part of the machinery of the Court of Public Health. From this court should emanate the authority to practice any art or science which bears upon public health (medicine and surgery in their broadest sense), the authority being coextensive with that of the court granting it. The judges of these courts should be subject to removal only for incompetency or malfeasance in office, nor should they be allowed to practice the profession for remuneration within their jurisdiction during their term of office. This court should have its own police and other officials. All practitioners of medicine within the court's jurisdiction, together with the attorneys at law, should form the bar of this court.

Case of Indirect Contagion of Measles.

H. Gripat (*Archives Med. d'Angers*, 1900, No. 2) cites a case in which a woman wrote to her sister-in-law: "I am writing, holding upon my knee my little girl, who has just developed measles." The one receiving the letter read it while sitting with her own child, who took up the envelope and placed it to her mouth. Ten days later the second child developed measles, although there were no other cases in the city at that time.—*Chicago Clinic*.

To THE specimen of urine add enough tincture of guaiac to give it a milky appearance, and heat it a few minutes to 100° F. If pus is present a blue tint will appear.—*Med. Summary.*

Translations.

MEDICINE AND MORALS OF ANCIENT ROME ACCORDING TO THE LATIN POETS.

BY DR. EDMOND DUPOUY.

**TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.**

(Continued.)

I.

Lyric, Elegiac, Epic and Didactic Poets
—Ovid, Horace, Catullus, Tibullus,
Propertius, Virgil, Lucanus and Lu-
cretius.

HORACE.

Physically, Horace was small and obese. In one of his satires Damsippus said of him that he was only two feet tall.

"Ab imo
Ad summum totus moduli lipedalis."

Augustus also states this in a letter that he wrote him for he says:

"Dionysius has brought me thy little volume, and, such as it is, I have received it without complaint of its brevity. Thou seemest to fear that thy books may be larger than thou. But at least if thou failest in height, thy fat belly is not wanting. There is nought to prevent thee from standing in a bushel basket when writing, the size of thy book resembles thy own, for it is thick through as is thy abdomen."

We omit the Emperor's Latin and render the translation. Horace draws a portrait of himself in his XX Epistle. "I am small, my hair gray before its time; I love the sun. I am prompt at loosing my temper, and it is as quickly appeased."

**“Corporis exigui, præcanum, solibus aptum,
Irasli celerem tamen ut placabilis essem.”**

From a pathological point of view he was gouty and likewise gastralgic, and he was *lippus*, that is to say, attacked by herpetic blepharitis. We know that Celsius recognized two kinds of ophthalmia; one dry, called *lippitudo*, and the other moist, that he named *pituita oculorum*. Horace was subject to this double affection, which led him to often say he never had possessed perfect health.

"Præcipue sanus nisi cum pituita molesta est."

We see, in fact, during his travels to Brindisi, despite the facetious recital he gives, that he does not forget to mention that he was taken down at Anxur by this malady considered by him as a true infirmity. "While Mecænas and Cocceius were installing themselves I went to bathe my eyes with a black collyrium—

"Hic oculis ego nigra meis collyria lippus
Illinere."

While making an excursion to the mountains at Trevise, our travelers were forced to take shelter in a small farm house. The farmer made a fire, but the smoke from the wood that was green and full of mouldy leaves, cost our poet many tears.

"Lacrymoso non sine fumo
Udos cum foliis ramos camino.."

But this did not prevent him from pinching the servant girl at the supper table. Some days later the party arrived at Capua. "Mecænas," he says, "went to play tennis, Virgil and I went to sleep, for tennis is an enemy to the eye and a sick stomach.

"Lusum it Mæcenas, dormitum ego Virgil-
iusque;
Namque pila lippis inimicum et ludere crudis."

Always his gouty diathesis attacked him from one point or another. When it was not articular it was visceral, and here is the proof.

The acid stomach of Horace supported condiments badly. One day he went to sup with Mecænas and was much upset by a dish in which was a profusion of garlic. This circumstance furnished him an occasion to write one of his epodes, "Ad Allium," against garlic, that Galen called the theriacum of the peasantry.

"If there is a human being," says he, "who with impious hand may have strangled his old father, he should be condemned to eat this poison garlic, that is more toxic than hemlock. O harvester of the entrails! What is the dreadful poison that produces the fire I feel in my stomach"—

"O dura messorum ilia!
Quid hoc veneni sevit in cordiis?"

That is the sensation of heat that we doctors very justly call pyrosis. We know this epigastric and esophageal pain is fol-

lowed by acid eructations, that relieve the unfortunate gastralgic. Horace does not forget to allude to his sonorous and gaseous evacuations in the last verse of his ode. He shakes his fist at the host and threatens him with severe punishment. He says to Mecænus: "Ah, my joyous Mecænus, if thou ever seekest to regale me with such a poison, may thy young mistress oppose her hand to thy kisses and fly from thee to the end of the bed."

"At, si quid uquam tale concupiveris,
Jocose Mæcenas, precor
Manum puella suavio opponat tuo,
Extrema et in sponda cubet."

Since we are upon this culinary chapter we shall recall the fact that the school of Salerno said of this species of garlic (*Allium Cepa*), that it might well be accused of producing pyrosis.

"Let us speak of the onion; is it healthy to use? Galen thought the choleric its taste should refuse.

He permitted its eating by the very phlegmatic, Yet Æsclepius onions praises in terms most ecstatic.

'Take them for your stomach,' the latter's advice;

They give one's complexion a pink color nice.
A bald-headed man, as every one knows,
Rubs his head with an onion and up the hair grows."

In several passages of his works Horace praises his own health. "This," says he, in an epistle to Lollius, "is a very necessary thing if one wishes to enjoy the treasures he may acquire. Palaces and riches without health are as useless as pictures for the sore-eyed, fomentations for gout and the musical sounds of the lyre for those attacked by purulent otitis."

"Ut lippum pictæ tabulæ fomenta podagrū
Auriculas citharæ collecta sorde dolentes."

All the good things of earth, to him who is ill, cannot drive away the fevers from his body.

"Ægroto domini deduxit corpora febres."

Horace had entire confidence in his physicians,¹ as he makes it plainly understood in that passage that concerns all those who wish to mix themselves up with things they know nothing about.

¹ Petronius made this observation to a sick man: "Medicus enim nihil aliud est quam animi consolatio." The part of the physician consists in consoling his patient and afterwards curing his mind, that is more or less affected.

"The stranger on the sea," says he, "fears to attempt to steer the ship; physicians only do that which they consider, and it is only the wise man who dares give abrotonum to a sick man."

"*Abrotonum ægro*

Non andet, nisi qui didicit, dare; quod medicorum est,
Promittunt medici."

The abrotonum, or southern wood, as we know it, was a species of artemisia (*artemisia abrotonum*). This flower is yellow, odor strong, and the taste bitter like that of absinthe. According to Pliny, the leaves and seeds are very useful in medicine. It was used in coughs, in affections of the kidney, in dysuria, and all sorts of venoms.

Yet it is not necessary to believe that Horace liked drugs, and followed all the hygienic precepts that his health needed. Once over an attack of illness he soon forgot it and fell back to his usual errors like all patients. In the periods of the intermission of his constitutional disease, he sang the delights of a good table, the charms of intoxication, that warms the heart and gives courage; and naturally did not forget to mention Venus and the Graces. But when his morbid symptoms returned, he sought refuge in his little home, thinking only of rural pleasures, moaning over his state of health and praising his own sobriety. "For me," says he to Apollo, "olives, chicory and mallow suffice for a feast. Grant me, son of Latona, the enjoyment of health in body and mind, and a little benefit acquired from my works."

But Horace does not even mention chicory or infusion of mallow, when he said to a friend—

"*Nunc eat bibendum, nunc pede libero
Pulsanda tellus.*"

This, rudely translated: "When there's anything good to drink let us join in the dance and feasting." He did not think of his pectoral tea when writing his ode "To the Bottle" (*Ad Amphoram*).

"Daughter of the trellised vine,
Soft idleness you send.
Ah! the pleasures, sweet, divine,
From intoxicating wine.
Dear Bottle! faithful friend," etc.

We see the ancients knew the art of leading a joyous life. It is not astonishing, then, that upon the darkened stones

in funeral monuments we read epitaphs like the following:

"*Ede, bibe, lude, post mortem nulla voluptas.*"

"*Eat, drink, enjoy yourself; after death there are no pleasures.*"

Before Dante had put all wicked people into his Hell, Horace had made all the poor in spirit of his epoch appear in his satires. It was Damsippus and Stertinus, two stoic philosophers, who play the rôle that Virgil has filled in the "Divine Comedie." There are those who show to Horace all those more or less lucid fools who lived in Roman society, fools of the same kind one daily meets even in the modern world.

"Insanity," say they, "spares no one save the wise; it attacks individuals, races and kings; it may change its form but is never cured. Thus pain passes from the side or from the head into the chest, thus delirium succeeds stupor and the patient tries to strike his doctor."

This comparison is very remarkable. This mutation of a malady that ceases in one place of the animal economy to appear in another, its nature remaining the same, is the exact definition of metastasis, as the ancients understood it, and nearly what modern pathologists conceive it to be. As for the madman who suddenly rouses from stupor to do violence to the physician who attends him, that is seen every day in our modern lunatic asylums. Horace was a great observer, and we see he profited from his association with his medical attendants, Musa and Craterus.

In his classification of maniacs he shows us a collection of old bric-a-brac, bullies and cowards, blood-thirsty kings, jealous spendthrifts and misers, seducers of women, fanatics and the superstitious. Among the latter he cites a mother who has a baby sick for five months and makes the following absurd vow: "O Jupiter, thou who givest and takest away great pains, if the chills and fever leave my son the morning of any day you may indicate, I will plunge naked into the Tiber,"

"*Frigida si puerum quartana reliquerit, illo
Mane die, quo tu indicis jejunia, nudus
In Tiberi stabit.*"

Horace, who hated the prejudices of the vulgar—

"*Odi profanum vulgus*"—

Horace, who had medical ideas, justly

observes that chance or medicine saved the child from the grave, but its mother, in delirium, went to kill herself, for she stood on the frozen river and took a fever. "What disease affected her brain?" queries the poet, and justly answers, "Superstition!"

How many mothers in this world are just as crazy as this ancient Roman matron who, instead of taking their rachitic, scrofulous and chlorotic children to the sea baths, make them drink the water blessed at Lourdes. Human stupidity is immortal.

In his epistle to Julius Florus we see an inhabitant of Argos who goes to the theatre when no one is there, and believes he hears the best tragedians declaim,

"Qui se credebat miros audire tragœdos"—

and he applauds this imagination with all his heart.

When, by reason of the cares of money, they cured him, thanks to good doses of hellebore, they drove away his insanity, the crazy man cried aloud: "Alas! my friends, you have killed me instead of saving my life! You have taken away my sweet illusions, and your remedies have ravished me from an error that was my very joy."

"Pol, me occidistis amici,
Non servastis, ait, cui sic extorta a voluptas,
Et demptus per vim mentis gratissimus error!"

Boileau has imitated this satire, that, by the way, is not very agreeable to physicians.

To Horace, avarice was a form of delirium, a pseudo-monomania. He figures himself falling into this kind of mental aberration, and gives us the following monologue:

"If nought can quench thy ardent thirst, thou shalt tell it to thy physician; and this ambition, this desire for money, will increase as it is glutted; thou darest not avow it to any one.

"If to cure a wound, they indicate to thee an herb or a root, and that does not relieve thee, thou wilst abandon all, after finding the virtues of the root or plant to be non-efficacious.

"If it be true, that riches render men less stupid and wicked, there are exceptions to thee; thou hast always the same old ways. But if Fortune could make thee prudent and less miserly, less mean-

spirited, thou wouldest blush then for not being the most covetous man that the world owns."

To that false divinity, before which so many men prostrate themselves, to that Fortune to which they sacrifice repose, health, conscience and even honor, J. B. Rousseau has left us a beautiful ode, closely imitating these words of the immortal Horace.

"Fortune, dont la main couronne
Les forfaits les plus inouïs,
Du faux éclat qui t'environne
Serons nous toujours éblouis," etc.

The vain are not forgotten by our stoicks. In order to preserve their families from the monomania that leads men to make every sacrifice to obtain public office, they show us a wise father making his children promise, under solemn oath, never to seek after empty honors. "Those of you," says he, "who shall be named edile or prætor, I will curse and deprive of civic rights!" We might recommend the reading of this satire to many of our medical *confrères*, who give up physic for politics, the Academy and learned societies for parliamentary chambers or even municipal councils.

Horace does not forget to satirize those artists to whom is given the privilege, daring to produce works that are similar to a sick man's dreams, "*Velut ægri somnia*. He was evidently familiar with the impressionist school of art, likewise those artists who take their inspirations from the weird; those paint daubers, those fools, who grow long beards and finger nails, and seek solitary places; men who are not fond of the bath tub.

"Bona pars non unguis ponere curat
Non barbam; secreta petit loca, balnea bitat."

Diseased brains will never be cured by the hellebore of three anticyræs.

Finally, Horace assigns a place of honor to reasoning maniacs, to poets tormented by leprosy and jaundice, and who act with the fury and wrath of Diana.

"Ut mala quem scabies aut morbus regius urget
Aut fanaticus error, et iracunda Diana."

Morbus regius has the same significance as *icterus aurugo* and *morbus arguatus*. Icterus is the name of a bird that we now call the oriole (the Galbulus of Pliny). This bird had a yellow color, and the ancients thought that when a man attacked

by jaundice looked fixedly at this bird for some time, that the bird would die and the man recover his health. The golden and rainbow colors also gave to this disease the name of *aurago* and *morbus arquatus*. *Iracunda Diana*. They called certain atrabilious subjects, whose melancholy increases or decreases with the moon, lunatics. The ancients attributed lunacy to the wrath of Diana.

[To be continued.]

The Selection of Anesthetics for Children.

The generally accepted idea that chloroform is the safest of anesthetics for use in childhood is refuted by T. H. Halsted (*Philadelphia Med. Journal*, November 3). He regards chloroform more dangerous in infancy than at any other period of life, and quotes Wyeth, who says that while he uses chloroform in almost all cases in adults, that he invariably uses ether with children. Chloroform is especially to be avoided when there is any glandular enlargement, for Kolisko has pointed out that in those cases of death during anesthesia, in which heart and kidney lesions were not found, a condition of "habitus lymphaticus" was invariably found. This condition is often noted in children, in whom aberration of the lymphatic system is common.—*Chicago Clinic*.

GRIPPAL MEDICATION SIMPLIFIED.—The large and increasing number of deaths, especially among our prominent men, due primarily to the prevailing epidemic of La Grippe, and the serious illness of President McKinley from the same cause, impresses us with the advisability of calling the attention of our many readers to the really excellent remedial qualities of the different products of the Antikamnia Chemical Company in the treatment of this scourge and its many insidious allied diseases. For the purpose of reference, we append a list of their various preparations, viz.:

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SATURDAY, FEBRUARY 2, 1901.

CONFIDENCE.

This is a therapeutic agent, the value of which can neither be overestimated nor exaggerated. Through this sentiment—and it is a sentiment that is intangible—there emanates a trustful belief that is sufficiently suggestive to effectively control armies, define the policy of nations, and unlock the treasures of the world.

All banking is done on confidence; shake an aggregate of individual beliefs and a panic ensues. So in medicine, a trustful confidence is necessary as a therapeutic measure to be utilized in a treatment of disease.

These thoughts come up in view of the coming to our city next week of one who notably inspires confidence in himself upon the part of others. How does he do it? The writer does not pretend or assume to have an intuition as to the potentiality that is so manifestly present in his individuality. Back of a modest demeanor there is a presence that begets a confidence which cannot be dispelled. What is it? Character? That is present in a laudable degree, but scores of other physicians are his match in this attribute. Is it a superior knowledge of the science and art of medicine? Many others would be his peers before a board of examiners. Is it an im-

pressive presence? Others are as prepossessing. Then what is it? Seemingly but one reply can be made. He is the embodiment of one who inspires confidence through a well-balanced mind and body, the equilibrium of which is not to be disturbed, no matter what shocks and storms may overtake him.

To secure and retain the confidence of any people is a great accomplishment. It means bread and butter, wealth and luxury. To attain this intangible sentiment is to make an effort of one's best.

An instance of one long since dead. Two are recalled in memory who were not only tyros, but ignoramuses in the science of medicine; but they knew men, and inspired them with a confidence that was sublime. Hence, the attribute of confidence is one that is to be cultivated, nourished and strengthened at every opportunity. Financially it is worth more than any other commodity that can be named. As a therapeutic agent it will do more in the way of curing the ordinary ailments of men, women and children than any article in the *materia medica*.

In an employment of physicians the inquiry is rarely—almost never—made as to the school of medicine to which a designated physician belongs. The great question is as to the man, and has he inspired the amount of confidence that will give an entrance to my lady's chamber.

There are those who seem to be utterly unable to inspire any one with confidence, and, unfortunately, sometimes such persons gain entrance to the medical profession. It is a misfortune to them, as they cannot help being utter failures; nor is it to be seen that they would be aught else in any other occupation. They are apparently misfits in life, born out of due season. It is their misfortune apparently more than their fault, and yet there are but few who cannot cultivate and nourish a disposition that will lead to a greater confidence than they now inspire.

It will be well for those who have the opportunity to make a little mental study of Dr. Kelly, and an observation as to how he does it. It is the man in him that should be emulated.

EDITORIAL NOTES.

NEXT Monday at 12 M. sharp Dr. T. A. Reamy will entertain Dr. Howard Kelly at lunch at his home on Oak Street.

DR. Julia W. Carpenter will give a reception to Dr. Kelly at the home of her sister and brother-in-law, Judge and Mrs. William Worthington, at 2230 Francis Lane, Walnut Hills. Members of the Academy of Medicine, Obstetrical Society and Society for Medical Research are invited.

Some other functions have been arranged for the purpose of making the stay of Dr. Kelly as pleasant as possible.

AMERICAN MEDICO - PSYCHOLOGICAL ASSOCIATION.—The next annual meeting of the American Medico - Psychological Association will be held in Milwaukee, Wis., June 11, 12, 13 and 14, 1901. The date has been placed a little later than usual that this deservedly popular convention city may be visited at a pleasant season. Hotel Pfister, selected for the meeting of the Association, has ample accommodation for all members and offers special rates. Its rooms are airy, spacious, and well furnished; it has an excellent auditorium, a pleasant restaurant, and a large banqueting hall. A full attendance at the meeting, which promises to be one of unusual interest, is earnestly desired.

Those members expecting to read papers, are requested kindly to send titles thereof to the Secretary, Dr. C. B. Burr, Oak Grove Hospital, Flint, Mich., as early as possible.

It is announced with much satisfaction that Dr. Warren P. Lombard, Professor of Physiology in the University of Michigan

gan, will deliver the annual address. This will have to do with "Re-enforcement and Inhibition of Nervous Processes."

THE Ohio State Medical Society will meet in Cincinnati May 8, 9 and 10. On the Committee of Arrangements the following sub-committees have been appointed:

Exhibits—Drs. W. E. Kiely and J. C. Culbertson.

Entertainment—Drs. L. Schwab, W. D. Haines, G. Mitchell, J. L. Cleveland, and H. K. Dunham.

Finance—Drs. A. H. Freiberg, F. W. Langdon, B. F. Beebe, M. A. Tate, H. W. Bettmann, and W. Gillespie.

This announcement is made in order to indicate to the profession of Ohio that the Cincinnati physicians are very much alive and propose making the next meeting of the State Society one long to be remembered as one of the best that has ever been held. Every member of the Committee of Arrangements is a man who can be counted upon as equal to any occasion that may arise in connection with his duties.

EDUCATIONAL REQUIREMENTS FOR THE PRACTICE OF MEDICINE.—Following are the committee report and resolutions adopted at a recent meeting of the Columbus Academy of Medicine:

"Your committee, appointed to consider and report resolutions in response to those communicated by the Cleveland Medical Society, believes that this Academy desires to declare in favor of a four years' course in the high school as the minimum educational requirement for entrance to our medical schools.

"The rigid enforcement of high requirements is sure to meet determined opposition; and without the united and hearty coöperation of the entire medical profession, it would jeopardize more than it might avail.

"Your committee therefore recommends: That in adopting such a resolu-

tion, the Academy should also assure the Board of its support.

"Your committee has compared the outlines of the examinations conducted by some of our neighboring States with those given out by the Ohio State Board, and has reason to believe that the present standard of requirements in Ohio ranks with the highest; thus it is lower in some regards than that established in New York, but is higher than that set forth by Pennsylvania.

"Your committee read the questions asked by the examiners in all the branches required by the Board, and is convinced that they fairly represent the requirements.

"The Board reports that of 103 men who took the examination, 28 failed, 50 were conditioned and 25 passed.

"Your committee finds that the law is mandatory in requiring the State Board to accept the certificates of all other examining boards. This requirement should be removed before the standard of examinations can be raised, or unjust discrimination against Ohio students would follow; therefore, such a resolution is introduced for your action.

Respectfully submitted,

FRANCIS W. BLAKE,
C. F. CLARK,
J. H. J. UPHAM,
FRANK WINDERS,
Committee.

"The Cleveland Medical Society having sent to this Academy resolutions urging the State Board of Medical Registration and Examination to adopt the standard of a four years' course in the high school as the minimum educational requirement for matriculation in the medical schools of this State; and, further, having requested expressions of the views of the members of this Academy upon said resolutions; therefore, be it

"Resolved, That the Columbus Academy of Medicine, in regular session, does urge upon the State Board the adoption of said educational standard, preliminary to the study of medicine; and hereby pledges the support of its members to such action on the part of the Board.

"Whereas, the clause in Section 4403c, "A medical student's certificate issued upon examination by any State Board," may make unjust discrimination against medical students in the State of Ohio, or else compel our requirements to an equality with the lowest demanded by any State examining board; therefore, be it

"Resolved, That this Academy urges amendment of said clause in Section 4403c, to "A medical student's certificate issued upon the examination of any State Board, whose standard of requirement is equal to that established by the

Ohio State Board of Medical Registration and Examination."

Stenosis of the Pylorus.

M. Routier, at the Surgical Society, spoke on the treatment of affections of the pylorus, and communicated two cases of pylorectomy, the first in a woman of forty-three, for epithelioma of the pylorus. Not being able to anastomose the duodenum to the stomach, he sutured the two wounds, gastric and duodenal, and performed gastro-enterostomy completed by an entero-anastomosis. The operation took place two years and a half ago, and the patient is in perfect health. The second case was also that of a woman, who appeared to be suffering from stenosis, produced by ulcer. Gastro-enterostomy was performed in April last, and the patient was at the time of speaking, in a very satisfactory condition.

M. Reclus said that a fortnight ago he had operated on an individual who was supposed to be suffering from round ulcer. When he had exposed the pylorus he found an induration of a suspicious character, and performed posterior gastro-enterostomy. The patient was doing well.

M. Tuffier said that it was very difficult to make a correct diagnosis of gastric lesions. He had operated on a man whom he believed was affected with ulcer; a year later he died from cancer.

M. Hartman was of the opinion that the analysis of the gastric juice was not sufficient to diagnose a neoplasm; he was convinced that a study of the blood would be very useful, as that liquid presented characters in persons suffering from cancer, which were not found in patients affected with ulcer.—*Paris Cor. Med. Press and Circular.*

Classification of Baths According to Temperature.

While a classification of baths according to temperature must necessarily be more or less arbitrary, the following classification is a very convenient and practical one: Very cold, 32° F. to 55°; cold, 55° to 65°; cool, 65° to 80°; tepid, 80° to 92°; warm (or neutral, 92° to 95°), 92° to 98°; hot, 98° to 104°; very hot, 104° and above.—*Modern Medicine.*

Book Reviews.

Diseases of the Heart: Their Diagnosis and Treatment. By ALBERT ABRAMS, A.M., M.D., San Francisco, Consulting Physician for Diseases of the Chest, Mt. Zion Hospital and the French Hospital. Illustrated. Pages 172. Price \$1.00 net. Chicago: G. P. Engelhard & Company, 1900.

We are glad to welcome this little volume of Dr. Abrams, whose work stamps him easily among the foremost diagnosticians of the country. This book reflects the trend of his writings on heart disease that have appeared from time to time in the various journals. Many of the writer's innovations have been noteworthy, particularly his method of measuring the intensity of the heart tones, which appeared in the *Medical News* of a year or two ago. The entire work shows the most careful revision, and is superior to many similar treatises on this subject. His tables of recapitulation of the various prominent signs of heart disease, such as pulse, time of murmur, seat, transmission, etc., are particularly to be commended. A little judicious advertising would soon rank it the favorite of its class.

M. A. B.

Infantile Thrush.

Infantile thrush is treated by Escherich (*Rev. mens. de Maladies de l'Infance*) in a very simple, ingenious, and effective manner. A piece of sterile absorbent cotton is impregnated with about three grains of boric acid finely powdered, and a very minute quantity of pure saccharin. This is inclosed in a little bag made of silk or batiste, and this is given to the infant to suck. The child, as a rule, readily and gladly continues the sucking on account of the sweetness imparted by the saccharin and the boric acid is thus slowly dissolved by the saliva and has a chance to act directly and continuously upon the oidium albicans. A fresh bag is used every day, or twice a day. The effect of this treatment becomes apparent in a very short time. If the deposit is not yet very extensive it disappears entirely within twenty-four hours. In old cases a longer period of treatment is required.—*Merck's Archives.*

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

FEBRUARY 9, 1901.

WHOLE VOLUME LXXXV.

WHAT IS INSANITY?*

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It is a well-known axiom that there can be no intelligent and profitable discussion of a subject without agreement upon the terms used. If premises are different, necessarily do conclusions vary; hence, the importance of definitions, even if no more than "working definitions."

The answers to the question, "What is insanity?" are nearly as many as there are teachers and writers upon the subject, and, unfortunately, not a few are as meaningless as old Polonius' attempt—"Mad, I call it; for to define true madness, what is it but to be nothing else but mad?" Poor Ophelia's lamentation was a little more descriptive, but far from being sufficiently scientific:

"Oh, what a noble mind is here o'erthrown.
Now see that noble and most sovereign reason
Like sweet bells jangled, out of tune and harsh,
Blasted by ecstasy. O woe is me!
To have seen what I have seen, to see what I see."

The difficulty that formerly existed in defining insanity does not now obtain; and discrepancies even now do not lie in the lack of knowledge of the true nature of the disease so much as in the employment of "words that sound rather than signify."

One trouble is that a definition may be too broad, and thereby comprehend the whole of humanity; or too narrow, and thus exclude many who should come within its provisions. Doubtless there will arise circumstances in your professional careers, particularly in medico-legal cases, in which you will find it incumbent upon you to explain as best you may what is meant by the term. And in passing allow me to suggest that if you are not careful and

go upon the witness stand as an expert without the requisite knowledge, likely you will be classed with the ignorant and foolish.

According to the legal code, lawyers take either side of a controversy, and fight just as energetically against as for the truth. Such should not be the case with medical experts. Opposing counsel are prone to show up the expert in very different lights. One will endeavor to have the court believe that he is particularly well informed, and the other will attempt to show that he knows very little, and of that he is not certain. Much discredit has come to the medical profession as a result of its members professing to know what they do not know, and demonstrating, under oath, their deficiencies. If science is truth, as we know it to be, certainly greater care must be exercised by those who essay to be experts upon medical subjects, both in the knowing and in the telling. If the doctor of medicine desires that the world should know him to be wiser than a stuffed owl, he must crowd his mind with facts to be led forth (education) as occasion demands.

The more intelligent or scientific the experts, the less will they disagree, and the more respected and honored will they find themselves in the communities in which they live. Therefore, have your definitions and subjects well understood.

As a definition of insanity, perhaps as good a one as any may be formulated as follows: Insanity is a term used to comprehend a group of symptoms, resulting from certain morbid brain conditions, which destroy or prevent the normal

* Read before the Hempstead Academy of Medicine, Portsmouth, O., February 4, 1901.

balance of the emotions, intellect and volition.

This normal balance of the feelings, thought and will power you may recall us the definition already given you of *true character*, which is *always* affected in mental disease, and which must be carefully considered in every case, the standard of each individual to be measured by his own endowment or intellectual attainments.

Spitzka uses this definition: "Insanity is a term applied to certain results of brain disease or defect which invalidate mental integrity." This has the objection that the phrase, "invalidate mental integrity," requires further analyzing, particularly to the unlearned.

H. C. Wood, one of the best of medical writers, uses the following very excellent definition: "Insanity is a condition of *mental aberration* sufficiently intense to overthrow the normal relations of the individual to his own thoughts and acts, so that he is no longer able to control them through his will." Here, again, "mental aberration," really the essence of the definition, requires further defining; besides, the emotions or feelings he does not take into consideration, nor defective development.

Other writers, notably Berkley, of Johns Hopkins University, whose recent work on mental diseases I have so highly commended to you, refuse to give a definition. He says that "it does not admit of verbal accuracy." While there is a degree of truth in this—the same being equally true, however, of many other terms or diagnoses in medicine—we find that it is more or less of a necessity, at times, when even a respectable attempt will suffice.

If reference is now had to the first definition, you will see that it has all the necessary elements: First, it "comprehends a group of symptoms," just as enteric fever, for example; secondly, "resulting from certain morbid brain conditions," just as we say of enteric fever, resulting from certain morbid conditions of the intestines, showing what organ is involved; and thirdly, "destroying or preventing the normal balance of the emotions, intellect and volition" (shown by the psychic phenomena), the specific results of the pathological changes.

Insanity is not "a disease of the mind," like gastric catarrh is of the stomach, for

example. The word "insanity" comes from *in* and *sano* (not sound), and has reference, as does all disease, to *tissue*; the unsoundness in this instance being of the brain, *necessarily affecting mind*, which has been defined for you as the *totality of psychic phenomena or mental energy as a whole*.

Consider it, therefore, in the same way, remember, as you do the study of other forms of force, *exempli gratia*, electricity, which may be produced in a Leyden jar, normal or abnormal phenomena resulting from the varied conditions of the substances acting in its production and liberation. Hence, we say, "a term used to comprehend a group of symptoms," and it is therefore only symptomatic of certain morbid conditions of the organ of mind, viz., the brain.

Positive proof of this is seen in the wonderful revelations by the microscope during the last few years, and the word *revelations* is used here advisedly, for *revelations are but thoughts of truth*.

The history of insanity is quite interesting and instructive, but, unfortunately, sufficient time has only been given us barely to touch upon the subject. When you appreciate that it embraces the philosophy of human conduct from the very beginning, and will have a bearing upon it to the end of existence, you can readily see that the import must be exceedingly great. Insanity, therefore, begins with the advent of man—nay, strictly speaking, with the first nervous system of the lower species. The existence of a nervous system necessarily avers the conditions either of soundness or unsoundness.

In that wonderful collection of human experiences, called "The Book," probably the oldest of written histories, are recorded many wise things, and among them some upon the subject of insanity. It is true that many wrong interpretations were put upon diseased manifestations in those days, just as have been on other morbid phenomena in later times; but as scientific investigations proceed, more and more of the thoughts of truth (*revelations*) come to us, and we are enabled to formulate laws for the good and guidance of the world.

Retrospection teaches us that the century just closing was rendered illustrious by being the greatest in education, health and humanization.

We are told that the great law-giver, Moses, declared to the children of Israel that if they disobeyed the laws given to them they would be smitten with madness.

David feigned insanity over a thousand years before Christ came upon earth, and to this day simulation of insanity is often a difficult thing to read by those who are not experts.

Nebuchadnezzar, the great Babylonian king, left the association of men to go and live with beasts, probably laboring under that form of insanity called "lycanthropy," the characteristic feature of which is the belief that one can change his form at will.

Many men may make beastly characters of themselves by vicious practices, but, of course, cannot change their physical forms as a whole. And this thought recalls another of similar import. Possibly some of you have never made a critical examination of the Rookwood soda fountain in the drug-store at Fifth and Walnut Streets of this city. If not, go and see it; look especially at the round plaque built into the south end of the fountain. It is a copy in clay, remember, moulded, painted and baked, of an old classic painting, the satyrs. The artist has wrought with wonderful skill two human forms, "attendants upon Bacchus," so-called, upon whose faces are depicted so plainly desire, disease and degeneration that a long and interesting story is told at a glance. One face is that of a low-browed idiot, with ignorance written in every feature, an intellectual pauper from birth. The other is a mental bankrupt from evil practices. He is represented as half human and half beast, with the feet and legs of a goat, short horns upon his head and a hairy covering over the body, a deformed eye and animalism made prominent in his very face. Nothing had they to do but roam the woods and wilds in search of nymphs with whom they drank and danced and debauched their lives away. Degeneration from excesses of wine and venery never had more eloquent and truthful portrayal. Go and see it. Read its meaning and preach the great truth to other models in clay—your *clientèle*.

The Greek writers mention insanity in many interesting phases; and if history informs us correctly, doubtless the lax state of morals, public and private, was responsible for the decadence and final ex-

tinction of the high civilization of those early times.

Hippocrates, the Father of Medicine, who lived about 500 B.C., originated the names that we use to this day of the three general divisions of insanity, viz., mania, melancholia and dementia. He was the first, as far as we know, to "cast superstition aside and base the practice of medicine on rational principles." After reviewing the vast number of facts collected from the various asclepia, or hospitals of his day, into a curious system of case-books, his brilliant mind was able to generalize and observe that the phenomena were the result of natural laws. He was not an anatomist, physiologist and pathologist, like our investigators of the present time, and necessarily he labored under many misconceptions of truth.

Again, the practice of casting out devils in the days of the Great Physician of the New Testament was simply the curing or temporarily relieving of some who labored under the delusion that "devils had forced their entrance into the soul from without the body." And to this day you will find sacrilegious charlatans undertaking to imitate "The Master" under the guise of faith curists and Christian scientiste, etc., who have little idea of what is Christian and less of what is scientific.

And now, after this slight historical digression, let us proceed with—what is the *nature* of insanity? From the definition already given you will see that in *every case* we must consider the condition of the emotions, intellect and volition. In other words, how does the patient feel, what does he know, and how and what does he declare by his looks, acts and by speech?

First, what is his temperament; what the inherent bias or diathesis? If you are close observers of little things and are good readers of character, as all physicians should be, you will be enabled to see at a glance in many instances *the picture of the disordered brain* reflected in the features and external appearance of the patient. There are stigmata in all forms of disease, and none more plainly marked than those of the *neurosis insana*.

Even the unfortunate patient himself, when laboring under an insane delusion, let us say of persecution, will say to you that "everybody I meet talks about me—you know, Doctor, that a person may talk by his looks, as well as with his mouth."

So we may see in the face something of how a patient feels, read some of his thoughts, and tell what he is likely to do. Therefore, it is incumbent upon you to study closely and carefully.

What is this insane temperament and how is it to be diagnosticated? Although we are somewhat prone to be skeptical in regard to physiognomy and phrenology as sciences, yet if you will observe experts in these lines, or even some of our older brothers in medicine whose ripened experiences permit them to diagnosticate quickly and accurately, you will be struck with the fact that all knowledge is not in books. Physiognomic characteristics, especially when seen in combinations, are unquestionably realities of great import, if we but had the ability to discriminate.

As a rule, there is little difficulty in appreciating the phthisical aspect, the strumous diathesis and the cancerous cachexia; can we not also discern that constitutional morbid tendency called the nervous temperament? These indelible traces are much more frequently inherited than acquired, and can only be modified, never entirely eradicated, during the life of the individual. Evolution may do away with some in after generations, provided healthy blood be introduced into the family or better hygiene and training be called into requisition. Evolution from the morbid is just as natural as involution from the normal.

Heredity, like every other law of nature, is nothing more than an exhibition or proof of the well-recognized fact that all results have their causes, whether the finite mind can fathom it or not. Like begetting like is only the continuing of the same cause—"the accumulated result of innumerable experiences, always realized and never fully realized, a law and always itself an exception, so that the ideal can never be attained."

Aristotle said: "He who does not resemble his parents is a sort of monstrosity, for in him nature departs from her specific forms." While this is true in the main, it is not to be forgotten that other or side-influences may change the current of the stream; that the most of a monster, after all, not infrequently is the parent who, knowingly, will beget diseased children.

Heredity is an awful subject to contemplate. With all its beautiful and beneficent

influences, there are also seen as a result of its operation the most horrible things that the human mind can contemplate. The parent, for example, may have inherited for himself a vigorous constitution, a magnificent brain and nervous system; health and wealth and social position may be all that he desires. And yet in an unguarded moment, thoughtless—ignorant, it may be—this magnificent specimen of physical manhood, in a drunken stupor, begets a child that comes into the world an idiot, a monster, whose seeming purpose is only to mock the shortcomings of its parent. Or again, the nervous, hysterical, neurasthenic mother, possibly an epileptic or a great sufferer from neuralgias, with all her beauty, culture and refinement, with her high social position, wealth and all, is guilty of bringing into the world a lot of little nervous weaklings, most of whom die in infancy, fortunately, or if they escape the perils of childhood manage to crawl along through ill-health to puberty and adolescence, and either succumb at these critical periods or pass on as subjects for insanity, ending their days in a mad-house.

This is the origin of the insane temperament. What folly to build upon such insecure foundations!

Its phases are many, but there runs through all of them weakness and instability of nerve elements. All degrees of mental endowment are to be found in this state, from the idiot to the genius of me-teoric brilliancy, in whom there is never the reliability and vigor that will withstand the strain of life's worries and responsibilities. Some will respond to the *finest* sensibilities of feeling, thought and action, while others are totally insensible to the commonest decencies of life. All are more or less selfish and irritable, and many are egotistical to a marked degree; incapable of adjusting themselves to their surroundings with any degree of comfort to themselves or friends; often with good perceptive faculties; react to impressions promptly, but rarely to be depended upon for enduring or consistent conduct; eccentric at times, queer and cranky; something almost indescribable, at times, that tells of their "not being quite right."

While genius is said by some to be akin to insanity, this can only apply to a portion of such people—to those of smaller gift—to those whose mental energy, more

or less limited, is directed to a single narrow purpose in life.

Thought directed persistently in any one channel for a great length of time is much more dangerous to mental integrity than if distributed over a broader field. For instance, an inventor is "a one-idea" man, who, by his intense and continuous dwelling upon one thing, more or less worried and anxious, keeps up a persistent brain congestion, often with direful results. A change of employment is always restful. And herein lies the difference between geniuses of little and great mind. Compare a Poe and a Shakespeare, and the disparity at once is observed. The one is irritable, unstable, narrow and ephemeral; the other is calm, steady, comprehensive, enduring. Here also may be applied a saying of Goethe's: "The man of understanding finds almost everything ridiculous; the man of reason hardly anything."

The eccentric, the crank, the little genius, the insane, preëminently selfish and imaginative, are out of harmony with the entire world, themselves included. The quality of *egoism* is exceedingly common and excessive in all of them; is, in fact, the essential element of their make-up, constituting them seemingly incapable of seeing their relations to others; thinking of self, talking of self and acting for self.

It is only a question of a comparatively short time ere the nervous system of these individuals, or the entire family of such, must give way to those better fitted for the medium in which they live—in obedience to the law of the survival of the fittest.

But what of the somatic appearances—the stigmata of the insane temperament? If persistently enlarged tonsils and other adenoid growths in the air-passages can disfigure a human face and form, make defective brain and all internal organs, as we know they do, it is not strange that so powerful a factor as the nervous system should disclose or exhibit its morbid condition by external appearances, by many departures in form of the features and of the general physical constitution. While we may be able to explain most of these defects as the result of direct interference with the nutritive fluid, the blood, we also know that the various emotions and mental states are reflected to the face in health as well as in disease.

"The physiognomy of the insane is quite an important matter to the alienist. The

mobility of facial muscles expresses not only a great variety of mental states, but of disease in general. Every feature has significance if we could only have the ability to read it.

In the first place, there is the face of the intelligent and the face of the stupid, the excited appearance of the maniac, the look of fear, distress and pain in the melancholic and the apathetic, and the vacant stare of the demented.

Of the various single features of the face the eye is by far the most expressive. The oblique or almond eye is of frequent occurrence; the frank, open eye in the honest and fearless, steady in the courageous, and unsteady and downcast in the masturbator and depressed; wide-open and alert in the maniac, squinting and furtive in the calculating sneak and suspicious; that of the paretic, commonly elated and with unequal pupils; the hazy cornea and arcus senilis in aged dementes; congenital strabismus, ptosis and even congenital blindness; congested conjunctiva and puffed eyelids in the sleepless; the trembling lids in those with hysterical convulsions, being the only evidence of their consciousness; the frown of the ugly and the smile of the kindly-disposed; the look of aversion and of friendly loquacity. These are a few of the conditions that the eye may see in the eye.

The external ear also gives evidence of degeneration. Is its place too high or too low; is it too large or too small; is it too prominent or too flat on the neck? Their lack of symmetry is often pronounced. Is there distortion of the helix, antihelix or antitragus? What is the condition of its circulation, for, as you may know, sometimes the condition of the vasomotor centres may thus be determined, to some degree, as in Raynaud's disease.

The nose of the insane is frequently distorted; sometimes pushed to one side and the septum deformed; the alæ thick, as in the strumous diathesis; the bridge often flat and wide, and the play of the nares expressive of fear and excitement.

The head may be large, accompanied by a small face, these quite common in the classic "nervous temperament;" or the head may be small, oxycephalic in shape, and the face and chin of the proverbial prize-fighter; orthognathous, producing upper and lower jaws like the ape and lower types of men.

The mouth is still more characteristic, and very frequently shows many marks of degeneration; sometimes very large and again too small; thick lips; highly arched and narrow roof or hard palate, or again very flat and wide; teeth irregular and crowded; uvula long, narrow and sometimes misplaced; hare-lip and cleft palate not infrequently.

Muscular twitchings and tremors are sometimes seen in the face, tongue and other parts of the body. The skin is apt to be dry and harsh and of unhealthy color. Hair coarse, scanty and sometimes extensively developed over the entire body.

There is frequently an inconsistent and apparently causeless play of features—a smile when in pain or a laugh without reason, for example.

Such are some of the most frequent and characteristic manifestations of the objective kind seen in insanity. But we must penetrate this mask—X-ray it, as it were—in order to examine the workings of the delicate and hidden structures behind it. Not always does the smouldering fire of the nervous temperament burst out into the raging, devastating flame of active insanity. It will depend upon conditions of the nervous system *plus* exciting causes from external circumstances. And often there is some difficulty in telling the exact time when the one becomes the other. There is no line of definiteness that demarks them. The transition is as gradual as day to twilight and twilight to darkness. Nature never makes long leaps in her processes in a moment—never broad gradations.

As a rule, however, the physician is not consulted while the patient is in the twilight stage. In most instances the line has been passed so positively that there is but little difficulty in making the diagnosis. Even the laity can see in many cases something wrong. But the Rubicon has been crossed, at last, and the whole world may know it. Again, however, the diagnosis may be exceedingly difficult, especially in the beginning, when the symptoms and signs are few or but slightly marked, or when motives prompt to deception in order to escape the results of bad conduct or for other reasons. It is said that no one voluntarily does *anything* except what he desires to do, be he sick or well, be the deed good or bad. Consider that statement and be wise, for "wisdom is the

parent of virtue." "Wisdom is the knowing and virtue is the doing."

So when at last we come to study the essence or true nature of disordered mind, we must be able to discern, first, whether there exists knowledge of right and wrong; secondly, what is the moral sense or feeling; and thirdly whether there is the power to do or not to do. Is the patient acting from knowledge, honesty, suspicion, or from a false belief called a delusion? Suppose a patient says (and thoroughly believes what he says): "Doctor, I cannot walk; my legs are made of glass, and if I attempt to arise they will break." This erroneous idea, possibly suggested to him by morbid feelings in his legs, grows out of a perverted logical apparatus, the result of a diseased brain, and hence is just as natural to him as the truth. *He is not capable of reasoning correctly at the present time upon what, in health, he would have no difficulty.* An insane delusion, then, is a false belief, the result of brain disorder, usually concerning the patient himself, directly or indirectly, of the falsity of which he cannot be persuaded, for the time being, by the ordinary or adequate methods of reasoning. Or, as Clouston states it, "A belief in something that is incredible to sane people of the same class, education or race, this resulting from the diseased workings of the brain cortex."

But suppose an old negro says: "Nobody would be sick if he would carry in his pocket the left hind leg of a rabbit that was killed in a graveyard in the dark of the moon." Some people really believe just such ridiculous things. Are they insane? Not necessarily—at least not upon that evidence alone. Such people are ignorant and incapable of the process of ratiocination to the extent of proving the truth or falsity of the statement. The old negro simply *entertained a mere abstract belief*, while in the delusion *self is involved in a process of reasoning*.

In addition to delusion, there are other terms to be considered, namely, "hallucination" and "illusion."

An hallucination is an imaginary perception, and may not mean more than a defect in one of the special sense apparatus. For instance, a patient imagines that he sees snakes, as in delirium tremens, when there is nothing to be seen. One of the last cases of delirium tremens that

the author was called to attend was just on the borderland, or in the twilight, of insanity. Among other things he said : "Doctor, look at the flock of little birds that came to see me to-day" (no birds in his room, of course). "See them? There they go across the room to the window sill. One, two, three, four—there they go again. Now they are all in row above the door—see 'em, see 'em?" When responded to by a smile of incredulity he said : "Now, Doctor, aren't they there, sure enough, or have I got the jimmies?" "Yes," was the reply, "you are seeing thingst hat are not to be seen." "Well," he answered, "if you say they are not there I must take your word; but I tell you, Doctor, that they are just as real to me as live birds." He had not quite lost all power of reasoning correctly. Knowing something of the causes of hallucinations, and having confidence in those around him, who really assisted him to correct conclusions, and being subjected to proper medication, he never went farther over the line into insanity.

Any of the special senses may be affected. Another patient hears voices when there are none to hear. Such patients are particularly dangerous, and should always be watched carefully, for *it is true as a general proposition that as a person feels he thinks, and as he thinks he acts.* It is his desire to do as he thinks best to do; if he thinks badly, his acts are bad.

An illusion is a mistaken perception. The patient mistakes one object for another. He sees a stump, for instance, out in the field, and he takes it for a bear. If by proper reasoning he can be convinced of the truth he is not insane; a simple mistake only has occurred, as can happen to any one. But if after due efforts have been made to convince him of his error he persists in his conclusion, he is insane.

The hallucination and illusion have reference only to the special sense centres ere the impulses have passed on positively or been considered thoroughly by the association or thought centres of the anterior brain. When the impulses from the external world arrive at the proper sense centres, via the special sense nerves, they become perceptions; and when these are properly considered, assorted, compared, judged and *associated*, they become ideas. Hence, if the psychic centres are not in order, the idea is likely to be a false one,

or a delusion. In vulgar parlance, the patient "has slipped a cog," or is "off his trolley."

Do all insane have delusions? No. But all, laboring under this sort of a delusion, are insane for a longer or shorter time, according to circumstances.

Sometimes a patient may know what is the proper thing to do and not be able to do it. For instance, there are cases on record like these. A man may try for hours to untie his shoes or remove his coat, when it is only a question of deficient will power that prevents. He has paralysis of volition. He will start and start and start at the process; partly accomplish the act, perhaps, and after hours of strenuous effort, finally succeed, or cease his efforts altogether.

There are other cases of the reverse of the above. Uncontrollable impulses or too much activity—knowing better than they act. For instance, kleptomania, uncontrollable desire to steal; pyromania, uncontrollable impulse to burn something; dipsomania, an irresistible impulse to intoxicating drink, etc. Remember these are two conditions among the inebriates; one may be denominated a bad habit and the other disease; one is drunkenness and the other dipsomania. In the former he can drink or not as he pleases, while in the latter he is *compelled* to drink. In a few instances they are not easy to differentiate. The fellow who goes on sprees—periodical debauches—is apt to be a dipsomaniac, and, in many instances, is not responsible for so doing—at least for the time being. Do not forget that the habit of drinking may grow upon one and become dipsomania.

What would you think of the patient who, after many experiences, finds that he has waded out into the river of bad habits so far that he is over his head, so to speak, and voluntarily comes to the hospital at stated periods to prevent an attack of over-indulgence? What can be more alarming to an intelligent fellow than to appreciate that he is no longer his own master? Never will the author forget a patient who remarked : "Why, Doctor, at these periods, if I knew that, in reaching out for my glass of whisky, I should be precipitated straight down to a literal hellfire, I should not hesitate for a moment; I would take the glass and go." He was telling the truth. He was a dipsomaniac.

He was diseased; he had lost the power of self-control.

Then there is still another general class of the insane family. Besides the two above, viz., the intellectual and volitional or those deficient in reasoning or will power, there is the emotional class. It is possible for the feelings or emotional nature to be indulged and developed to such a degree that it may override judgment and will power. This is most frequently seen in women. In its milder aspect this is the condition in many, if not all, cases of hysteria, and is one of the numerous phases of the nervous temperament. Rarely does hysteria go to the degree of well-pronounced psychosis, but the mental instability is there, and it is the part of wisdom to keep this in mind. The characteristic feature in these cases is their excessively emotional constitution. Their will and judgment are dominated by feelings and fancies; selfish, craving sympathy, and with little or no disposition to exercise a restraining power over their emotions; laugh or cry with the slightest provocation; easily angered or made fearful. All their special senses are preternaturally acute, showing unstable nerve elements. Thus is character, the established balance of mental faculties, disturbed, and to the degree of their inability to control themselves are they unsound.

In a word, then, the diagnosis of insanity, in general, is based, first, upon the state of the feelings (emotions); secondly, of the reasoning faculties (intellect); and thirdly, upon the power to do or not to do (volition). The proper balance of these three being sanity, a due consideration of them will establish the fact whether the patient is in the state of daylight, twilight or mental darkness.

The Incubator Chicken.

Backward, turn backward, Oh, time in your flight,
Make me an egg again, smooth, clean and white;
I'm homesick and lonely, and life's but a dream,
I'm a chick that was born in a hatching machine;
Compelled in this world sad and lonely to roam—
No mother to shelter, no place to call home,
No mother to teach me to scratch or to cluck;
I, alas! scarcely know if I'm chicken or duck.
My brothers and sisters have all gone astray;
If a pullet I prove I will loaf around all day,
And never a bit of an egg will I lay.
So backward, turn backward, yet once more I beg;
Reverse the new process—and make me an egg.

—Boston Gazette

SPINAL ANESTHESIA.*

BY H. J. WHITACRE, M.D.,
CINCINNATI.

In view of the general interest that is being manifested in spinal anesthesia at the present time, I wish to report the following four cases in which I have used subarachnoid cocaineization.

CASE I.

G. W., aged forty-five, a man of extremely dissipated habits, presented himself at Christ Hospital for the treatment of a double complete fistula in ano. A physical examination of this patient revealed a tubercular consolidation in the upper lobes of both lungs, a mitral murmur and chronic Bright's disease, while his history of having taken every known alcohol cure in the past ten years, and of having just ended a four weeks' protracted spree, added materially to the dangers from the unfavorable anatomical lesions. I did not consider the fistula tubercular (a diagnosis since verified). Fifteen minimis of a 2 per cent. cocaine as prepared in sterile pearls by Mulford & Co. were injected into the spinal canal between the fourth and fifth lumbar vertebrae. The man felt some numbness in the feet in ten minutes, but failed to become insensitive in the lower extremities even at the end of forty-five minutes. Pain was clearly present and thoroughly tested during this entire time. I had allowed my nurses to leave for lunch, thinking that anesthesia would not take place, when the man stated that he believed his buttocks were insensitive. A test of the perineum and buttocks revealed a total anesthesia, while the entire lower extremity remained sensitive to pain. The operation was now painlessly performed and completed in twenty minutes. Anesthesia extended as high as the umbilicus. There were absolutely no toxic symptoms, and the man chatted cheerfully during the whole time. He complained of an uncomfortable dragging sensation when I inserted my finger four inches into the rectum and pulled down on the grooved director which emerged at this point. This patient developed sciatica the day after operation, which I think cannot be attributed to the cocaine injec-

* Reported to the Academy of Medicine of Cincinnati, December 10, 1900.

tion, since he says he has had hundreds of such attacks, and himself attributes it to his exposure in the unusual lithotomy position. There were no other unfavorable after effects.

CASE II.

A. B., male, aged eighty-two, has suffered for many years from prostatic enlargement, with complete urinary obstruction, and has been a patient at the hospital for about eighteen months of the past two years. Each period of his stay in the hospital was for two weeks to two months to recover from an acute cystitis or acute retention. The old gentleman did fairly well until one day when he experienced unusual difficulty in passing his catheter, and attempted to "open things up a little" by whittling out a hickory stick and forcing it down the urethra. This was repeated, I believe, in spite of the severe pain and bleeding that accompanied the procedure. From this time on catheterization has been almost impossible for him, and extremely difficult for an interne. An advanced arteriosclerosis, kidneys that must be damaged by his prolonged infectious cystitis, made ether or chloroform anesthesia impossible. Eighteen minims of 2 per cent. cocaine were injected. In three minutes the patient vomited a small amount of fluid and felt very weak, his countenance was pallid, but his pulse did not change in rapidity or character. The operation was begun twenty minutes after the injection and continued painlessly for one hour and five minutes. A perineal incision was made, an external urethrotomy first done, then the right lobe of the prostate gland shelled out. Some parts of his wound were slightly sensitive at the end of the operation. His pulse did not vary from 80; he never showed the least evidence of shock, needed no stimulation, and said that "if he had a knowed this was all there was to an operation he would a had it done long ago." His convalescence has been perfectly good.

CASE III.

Is a double failure because of an individual immunity to the drug, yet presents interesting features. The boy, aged seventeen, suffered from an extensive osteomyelitis of the femur for six years. The case is interesting because of one feature

in technique. The needle was inserted, cerebro-spinal fluid flowed freely, and I was just attaching my syringe when the boy straightened up and the cerebro-spinal fluid ceased to flow. The incident passed without notice, and the injection was completed as usual. Anesthesia failed to appear in one hour, and I am convinced that the needle must have been only just through the dura mater and that the motion of straightening the spine pulled the dura off the end of the needle, whereupon the cerebro-spinal fluid ceased to flow and the cocaine was injected outside the dura.

The second injection on the same patient was made two days later, when I am perfectly certain that the cocaine (fifteen minims of a 2 per cent. solution) was discharged into the spinal canal, but anesthesia was not present in one hour, and ether was given.

The patient presented no unfavorable or uncomfortable symptoms immediately following the injection, but had a headache for twenty-four hours after the first injection and also had an elevation of temperature to 100° F. the next day.

CASE IV.

R. B., male, aged thirty-five, suffered from fistula in ano. Patient had been operated on before under chloroform and ether anesthesia, and vehemently insisted upon spinal anesthesia when he found that it would be possible to escape his previous experiences of after-sickness. Fifteen minims of cocaine were injected; anesthesia was complete below umbilicus in eight minutes. He felt sick at his stomach at this time, and rather faint. The faintness continued and his pulse became weak. One-thirtieth of a grain of strychnine was given. The next day patient had a severe headache and temperature of 100.4°. The headache continued for three days, otherwise convalescence favorable.

The method of giving the injection was always that of Tuffier, and the cocaine, needle and syringe those of Mulford & Co. The method is as follows. Back prepared the night before as for laparotomy. Patient placed in erect sitting posture and a silk suture stretched by two assistants transversely across the back, connecting the iliac crests. This line passes directly over the spine of the fourth lumbar ver-

tebra. The left index finger locates this point. The patient is requested to bend well forward, the needle is inserted one-half inch below and one-half inch to right of this point, and then pushed inward and upward toward the median line for two to three inches, when a lessened resistance is felt and cerebro-spinal fluid flows. In all of my punctures the fluid has flowed in a rapid stream, and in Case II with a projectile force sufficient to carry the fluid a distance of three inches from the end of the needle. The previously loaded syringe is immediately attached before much fluid can escape and fifteen minimis of a sterile 2 per cent. solution of cocaine injected during a period of two minutes by the watch. The needle is allowed to remain in position for two minutes longer, when it is quickly withdrawn and a gauze sponge immediately clapped on and held with firm pressure for a minute or more. Two layers of gauze are now wet with flexible collodion, applied and rapidly dried, when a sterile dressing is strapped on with adhesive plaster.

This method of anesthesia—first discovered by J. Leonard Corning, of New York, in 1888; introduced into surgery by Bier, of Kiel, in 1900; perfected in its technique by Tuffier, in Paris; first used in obstetrics by Kreis, of Germany, and Marx in this country—has been extensively discussed in the recent journals with considerable difference of opinion as to its future in surgery. This future will depend upon the accumulated statistics of the next twelve months, and will depend upon the mastery of the following dangers:

1. *Mortality.*—Tuffier reports one death in 125 cases from the anesthetic and four others which he does not believe were caused by it. The Roumanian surgeons report two deaths. This is certainly a high mortality. Mortality results in a majority of cases from the toxic effect of the drug in respiratory or cardiac paralysis or from the production of thrombi and emboli, but may result either from infection of the meninges or from the rapid withdrawal of cerebro-spinal fluid.

2. Symptoms of poisoning or depression may occur short of death.

3. Severe vomiting has occurred in quite a majority of cases.

4. The method never can be used with a certain class of patients (nervous women and children) where the consciousness of

an operation going on will add materially to the shock.

5. There seems little probability that the method can be applied to higher portions of the spine without tremendously increasing the dangers.

ADVANTAGES.

1. There are a large number of cases where renal, cardiac and pulmonary disease exist in patients requiring operation, and in which spinal anesthesia would be far less dangerous, even in its present uncertainty, to the individual than ether or chloroform anesthesia.

2. A method possessing the value of this one will certainly be perfected in the direction of a less toxic drug. (Eucaine has already been used with less success than cocaine, but at the same time with less toxic effect.)

3. The patient can often give valuable aid in changing position, or in consulting him when more extensive measures than originally intended require his consent.

4. The total absence in most cases of the disagreeable after-effects of the usual anesthetics.

5. I could not help thinking, after the operation in Case II, that ether or chloroform must add to the shock of this kind of case, since all previous cases of the kind that I have ever seen have suffered extreme shock, and this man had positively none.

My experience with the method I consider to be rather satisfactory, and I shall limit my conclusions to this statement. I have encountered an unusual number of the possible complications, such as immunity to the cocaine, headache, vomiting, fever, prostrations with pallor, and the unusual one of only a regional anesthesia, but none of these have impressed me unfavorably, and I am convinced that I should have done Cases I and II very great injury by administering one of the usual anesthetics. This limited experience, when taken in conjunction with that of others, will justify me in using the method for selected cases in the future.

AUSTIN, Texas, has passed an ordinance forbidding the sale of cocaine except on a physician's prescription and also forbidding the filling of the prescription more than once.—*Journal of Medicine and Science.*

UNCLEAN MOUTHS.

BY M. H. FLETCHER, M.D.,
CINCINNATI.

Miller has studied over one hundred species of bacteria which he has found in the mouth. He says: "Dental decay is a chemico-parasitical process." He has shown that all forms of dental caries are but expressions of bacterial invasion of the solid structures of the teeth, and that such invasion may extend far beyond the confines of the teeth alone, and produce possibly fatal mischief in distant parts.

Roswell Park says: "Aside from dental caries, a widely open port (to bacteria) is often afforded by those ulcerations around the margins of the gums which are produced by the accumulations of tar-
tar." He further says that "Disease of the antrum of Highmore, and many other local disturbances are frequently caused by mouth bacteria. . . . One of the most virulent of all the common inhabitants of the mouth is the pneumococcus of Frankel, which, getting into the general circulation through the tonsils and other possible ports of entry about the mouth, cause serious septic and inflammatory disturbances in widely distant regions."

The dorsum of the tongue, with its fissures, glands and spinous processes, affords lodgment for bits of food, broken-down epithelium, mucus, etc. These are all perfect pabulum for bacteria, the moisture and heat of the tongue adding all that is necessary to make of this organ a most perfect breeding-ground for bacteria. The foregoing leads us also to consider what part may be assigned to the mouth as a breeding-place or starting-point for infection of the digestive tract.

The observations of thousands of physicians sufficiently prove the occurrence of abnormal fermentive processes in the stomach, and that no one can deny that such processes may not occur in the stomach where functions are otherwise normal, as well as in diseased ones.

Miller says: "There can be no question but that microbes are carried from the mouth into the stomach every time food is taken. The view formerly held that the swollen germs perished in the stomach is entirely erroneous, as I myself have shown, and as has since been corroborated by MacFaydan, Suchsdorf and others. . . . From a neglected mouth, such as repeatedly

come under the observation of dentists, enormous quantities of bacteria must reach the intestinal tract in spite of the sterilization of food. In a very unclean mouth examined for this purpose I estimated by culture methods the number of cultivatable bacteria at 1,140,000,000; many of them were doubtless carried to the stomach during every meal, to be replaced by others developed between meals and over night. . . . Von Koozorowski proves clearly enough that the micro-organisms in an unclean mouth, quite independently of those introduced with the food and drink, suffice to produce intense fermentive processes, chronic dyspepsia, etc."

Numerous investigators have written on the buccal secretions as carriers of toxic substances and bacteria as excitants of disease, to which the reader is referred.

Your own observations doubtless corroborate what these investigators say regarding the dangers from mouth bacteria. But how to reduce these dangers is the question at issue. To keep the mouth absolutely free from disease germs is too optimistic a view for us to entertain. It is apparent, however, that four ways are open for greatly reducing their number:

First, by hygienic means to secure the best possible development of the teeth, glands of the digestive tract, and the tract itself.

Second, by keeping the teeth intact, preventing accumulations about them, and by repeated thorough and systematic cleansing of the oral cavity and all it contains.

Third, by proper and intelligent use of antiseptics to destroy bacteria, or at least to limit their number and activity.

Fourth, by prohibiting or limiting the consumption of such foods as are known to greatly foster the growth and development of fermentive and putrefactive bacteria.

Lactic acid, the greatest destroyer of the teeth, is formed in the mouth most largely by the action of bacteria upon cooked starches; next, by their action upon sweets. The fermentation of carbohydrates results largely in the production of acids. These, with all acids taken into the mouth of any kind, assist in the destruction of the teeth, each cavity in them forming an uncleansable incubator for all varieties of bacteria. According to Miller, albuminous fermentation, or putre-

faction, results most largely in alkaline end-products, but the acids predominate and destroy the alkalies.

We cannot banish carbohydrates from our foods, nor can we largely control the development of the digestive tract and teeth to the degree of immunity found in wild animals in their native state, but we can reduce the sweets and pastry to a minimum, thus reducing the tendency to decayed teeth and fermentive indigestion from these sources.

The most practical and common-sense procedure has been mentioned, viz., have all the cavities in the teeth filled before they become large, then the teeth are cleansable on every surface. Cavities can only be made aseptic by being perfectly filled with a properly selected stopping material.

Next, prevent accumulations about the teeth and upon the tongue by the use of a stiff serrated tooth-brush and a good coarse powder.

Follow this with an alkaline antiseptic, preferably one soluble in the saliva. If such an ingredient could be incorporated with the tooth powder all the better. An alkali is essential because the mucous of the saliva is only soluble in alkaline fluids, so that if the mouth, tongue and teeth are to be perfectly cleansed, it must be done with an alkali of some kind; this should be as strong as the mucous membrane will permit of when used frequently, for if the mouth is kept clean enough to prevent decayed teeth, diseased gums, and stop a continual supply of bacteria to the alimentary tract, it must have attention at least twice a day, even with the most healthy mouth, and two or three times as often with the majority of persons. This is especially true with invalids where sordes incline to accumulate with great rapidity, and particularly in the early stages of mycotic stomatitis.

THE following has proved of value in dandruff and falling of the hair. Wash the head with tar soap two or three times a week and then apply the following ointment to the scalp, using gentle friction: Resorcin and quinine sulphate, of each twenty grains; tincture of cantharides and tincture of capsicum, of each one drachm, and add vaseline one ounce.—*Journal of Medicine and Science.*

RESINOL DERMATITIS.

BY M. L. HEIDINGSFELD, PH.B., M.D.,

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In the January 27, 1901, number of the Cincinnati LANCET-CLINIC, under the above title, a criticism is offered on an article on "Resinol Dermatitis," which appeared in the December 29 number of this journal.

We will kindly ask the interested reader to refer back to the original article, and judge for himself whether or not it is written in sufficiently good English and plain enough language to convey, what was intended to be, a plain observation of facts, without prejudice and bias. We are sorry if we have not attained this end, and that our magnanimous critic must resort to the use of incomplete quotations, italicized words and numerous exclamation points to refute what has been offered.

Stripped of its quibbling and the juggling of words and phrases, the butt of the objection offered in the criticism is that the author deplores that Resinol ointment, in our hands, has not been productive of uniformly successful results. We do not pose as a most successful leg ulcer specialist, nor profess to be a pioneer in the use of Resinol, but, nevertheless, we are firmly of the opinion that it is not the infallible specific that is claimed for it; and, furthermore, we cannot understand why we should be placed under a ban for expressing our views on the subject, and for reporting facts as they were observed without prejudice or bias. We believe that we are sufficiently broad-minded and liberal to allow to every individual the free expression of his own opinions, provided they are based on truth and fact, and not force his own conviction upon others to the exclusion of everything else. If our critic is so well impressed with Resinol ointment, and finds it to be the infallible specific he claims it to be, it is his privilege to continue its use, and we pledge ourselves not to raise an objection. We have no personal interest in the remedy, and, inasmuch as we have observed positively deleterious results from its use, we will endeavor to cure our cases with remedies the nature and composition of which we are thoroughly familiar.

We will now devote ourselves to the special points in the objections raised by our critic, though they scarcely merit individual attention. For his personal edification we wish to state that the article is a plain statement of cold facts, reported just as they were observed, without prejudice or bias; that we have no retractions to make, no statement to alter, and nothing to elucidate or make plainer. We would suggest that it would perhaps be edifying for him to give the article a second careful perusal, and it will probably serve to make clear points that are at present muddled to him.

The use of Resinol was continued in the three cases, for the time being, not from our own personal wishes or that of the patient; we both realized that the remedy was exerting a positive harmful and deleterious influence. Patient became so addicted to the sedative influence of the preparation that medication in other forms became absolutely intolerable. Our critic makes capital out of this, and extols the remedy for possessing such a remarkable influence. We should like to ask him if we have not the same influence exerted over a patient addicted to the use of morphine or cocaine, and whether or not he expresses the same commendation for the prolonged use of these remedies?

We are impressed that the results achieved by our *modest* critic are almost too remarkable to merit blind credence, particularly when we know that in many cases of *ulcus cruris* the predisposing causes—varicose veins, occupation requiring a standing posture, etc., etc.—persist indefinitely and militate not only against a cure, but also for a prompt recurrence. We will not be impelled, for the present at least, to discard remedies that have yielded good results in our own hands in a fairly large number of cases, and, as yet, find no occasion to invoke the aid of Resinol in order to insure them a prompt and permanent cure.

The "little" or "no reactionary inflammation," which seems to puzzle our critic, has reference to the tissues immediately adjacent to the ulcerations, a condition that he has apparently well observed for himself.

We are sorry that we did not have an opportunity to consult such an eminent authority before selecting a title for the original article. His suggestion of "Re-

sinol Habit" and "Resinolism," are very kind, but we deem "Resinol Dermatitis" far more appropriate. We infer dermatitis to mean simply an inflammation of the skin; when the application of Resinol to the skin is attended not merely with inflammation of the underlying tissues to the first degree, but with actual necrosis and ulceration, the term dermatitis expresses it very mildly.

We are sorry that our critic did not express himself "more freely about Resinol in other directions." No doubt he finds it to be a very efficacious remedy for ringworm, etc. Personally we cannot conceive of a preparation to possess sufficient parasiticidal powers to kill the fungus of ringworm, and at the same time prove sufficiently soothing and non-irritating to allay an acute weeping eczema, or heal a third-degree burn, or even a chronic leg ulcer.

It has been a source of great personal gratification to note that some of my *confrères* have met with similar experiences with the use of Resinol. It serves to confirm my sincere belief that I have observed truly and correctly, and that the conclusions drawn from the original article are in every way just and true, and have passed through this adverse storm of criticism entirely unscathed.

"Resinol ointment possesses dangerous antiseptic and anodyne properties, which, under favorable circumstances, be it a special idiosyncrasy of the patient or impaired vitality of the tissues, are capable of inducing a severe dermatitis, if not actual necrosis of the cutis, and of obtunding the sensibilities to such a degree that a habit is formed so strong in nature as to insure its constant and exclusive use.

"With a *materia medica* as rich as that of the present day, with the chemistry and physiology of drugs so clearly understood, it is unscientific medicine and a confession of great weakness to prescribe remedies, the nature, composition and strength of which are unknown. There are forms of cutaneous affection that are absolutely incurable (*lepra*, *impetigo-herpetiformis*, etc.), and it is utterly absurd to maintain that 'one remedy can cure all forms of cutaneous disease.' It is the profession that gives the greatest degree of encouragement and insures the success of these preparations. There is one phase of the question that is ludicrous; the pro-



motors must be without the pale of the profession; if a fellow-practitioner is interested he is promptly branded an impostor and a charlatan, and the remedy a fraud."

Extraction of a Compress After Seven Years in the Abdomen.

At the last meeting of the Surgical Society, M. Chaput mentioned that two years ago he was called to attend the wife of a *confrère* suffering from pyostercoral fistula situated in the median line, and accompanied by considerable hardness of the abdomen. The patient had already been operated on twice for extrauterine pregnancies; in the course of the second laparotomy, which took place in 1891, the hemorrhage necessitated plugging. Subsequently, the cicatrix became the seat of inflammation with symptoms of occlusion, and for which another laparotomy had to be performed. That operation was followed by the pyostercoral fistula. For this he intervened two years ago. When the abdomen was opened, the speaker discovered a voluminous tumor, constituted by a loop of intestine which appeared at first sight to be the seat of a neoplasm. However, it gave the sensation of a soft mass covered by a thin envelope, and that fact made him suspect the presence of a foreign body in the intestine. The suspicion was well founded, as, when he opened the tumor, he drew out a piece of iodoform gauze about twenty inches square, which had been forgotten by the previous operator. After having sutured the wound in the intestine, he closed the fistula, and terminated the operation by placing a drain. The patient recovered without difficulty.

M. Chaput added that, in 1892, Pilate published a similar case, in which the compress was eliminated by the anus. In the same year Michaux reported that he found a compress in the intestine, which he had to resect on account of the inflammation caused by the foreign body.—*Paris Cor. Med. Press and Circular.*

KINNEAR says that cardiac palpitation, due to various causes is easily controlled in a majority of cases by the application of cold to the dorsal spine. The same cases are also benefited by inhalations of oxygen.—*Journal of Medicine and Science.*

SALT WATER HYPODERMIC INJECTIONS IN THE MORPHINE HABIT.

BY H. V. SWERINGEN, A.M., M.D.,
FORT WAYNE, IND.

In a case of rheumatoid arthritis of fifteen years' standing, in a lady now nearly seventy years of age, it became necessary during a recent acute exacerbation of her malady to administer daily for a considerable period (ten weeks) a hypodermic injection of morphia. Upon a few occasions only was it repeated twice in the twenty-four hours, and but two or three times was the dose increased to a half-grain; the ordinary dose given was a third. When, however, the conditions no longer continued for which the injections were given, I found it extremely difficult to stop them.

I gradually diminished the dose, which was usually administered about 8:30 P.M., and directed the nurse to give hypodermics of the thirtieth of a grain of strychnia the following day at intervals of four hours, leaving her enough tablets to last two days. This treatment was attended with a measure of success only, and on the second evening after its trial, the strychnia tablets having been exhausted, as a substitute for them I suggested the employment of salt water hypodermically, of the strength of one teaspoonful to the pint, using one syringeful at the same intervals. The effect was so much better than that which followed the strychnia injections that I directed them to be given more frequently, or every two hours. I have now to report that the result of this treatment is simply marvelous, and is worthy of a trial in such cases. I do not believe it has ever before been used for this purpose, and would not have been thus used by me had I not run out of the supply of strychnia tablets.

“I SEE that the cream of the British army is now in the Transvaal.”

“Yes, the whipped cream.”—*Life.*

SANMETTO IN PROSTATIC AND BLADDER DISEASES.—I have used Sanmetto in my practice for several years, and believe it to be a preparation of more than ordinary merit for the cure of prostatic and bladder diseases. The ethical manner in which it is put before the profession allows the physician to prescribe it, without fear of its use by the laity, in all cases where it is indicated.—R. D. MASON, M.D., Omaha, Neb., Professor of Rectal and Pelvic Surgery in Creighton Medical College; Surgeon to St. Joseph Hospital.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

ANNUAL SUBSCRIPTION: Paid in advance, \$2.50; within the year, \$3.00.

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DR. J. C. CULBERTSON,
317 W. SEVENTH STREET, CINCINNATI, O.

SATURDAY, FEBRUARY 9, 1901.

THE CINCINNATI MEDICAL COLLEGES.

SOUTH BEND, O., February 2, 1901.

Editor LANCET-CLINIC:

It was stated to me recently that a graduate from any of Cincinnati's medical colleges would not stand recognition in several way-up Eastern schools, and in navy work and in schools abroad not at all. Please name these celebrated Eastern schools? The navy, how about it? German, tell about it in your next publication of the LANCET-CLINIC. How does the Cincinnati University stand in comparison with Yale, Harvard or Ann Arbor, as well as its standing abroad?

Yours respectfully,

HENRY RING.

For the information of our correspondent it is a pleasure to say, there is not now a known disreputable medical college in the city of Cincinnati. In their order there are the Medical College of Ohio, Cincinnati College of Medicine and Surgery, Miami Medical College and Laura Memorial of the regular school of medicine; the Eclectic Medical Institute of the Eclectic school, and the Pulte Medical College of the Homeopathic school, each of which is reputable and of high standing in the respective schools to which they belong, and have all the recognition from and by Eastern schools that can be given one to another among themselves. The courses of study in the Cincinnati medical schools

are almost identical with those pursued in the colleges of the Eastern cities.

The United States Army, Navy and Marine-Hospital Service give precisely the same rating to the Cincinnati schools of medicine that is given to Harvard, Jefferson, University of Pennsylvania, Columbia, Medical Department of University of New York, or other noted schools. In every instance the young man who desires to enter the military, naval or marine-hospital service is required to state in his application the title of the medical college from which he graduated, hospital service, and stand a fair examination as a test of his attainments. Whoever he may be, he may rest assured that a diploma from either of the Cincinnati medical schools is as good an introduction for an examination as can be produced.

It may be stated that the Assistant Surgeon-General of the U. S. Army is a graduate of a Cincinnati medical college; also Dr. John S. Billings, who is well known by the whole medical world as the creator of the great library of the Surgeon-General's office, is a graduate of a Cincinnati medical college. The present President of the American Medical Association is a graduate of a Cincinnati medical college, and it may be noted that these gentlemen never thought or found it necessary to professional preferment that they should take special or post-graduate courses in the East or anywhere else. The above names do not by any means exhaust the list of those who graduated from Cincinnati schools of medicine, and are entitled to high places in any hall of fame which may be erected that will do justice to the physicians of America.

There are medical schools and colleges in all large American cities which give creditable courses of instruction, but none that rank higher in the American world of medicine than those that are located in Cincinnati. There are only a very few well-known features in the Cincinnati

colleges in which they may be said to lag behind those in other places, one of which is a comparative failure to advertise their advantages and existence to an extent similar to that which may be found in other cities; and another that is like unto the one named—a lack of endowments. Endowment features call forth the advertising of institutions as naturally as the law of gravitation; one follows the other as a sequence.

The Cincinnati medical colleges as institutions of learning of high grade and character are here, and in them may be found scholarly instructors who are abreast of the times. That it should be thought necessary to make inquiry as to the status of the Cincinnati medical schools should lead to a very pertinent suggestion as to why it is necessary to make such an investigation. There must be a reason for it which may or may not be of value. Nevertheless, why and what is it?

For much more than half a century the Cincinnati medical schools have been at the very front, save perhaps in the lines designated. They have had less prominent advertising than the schools of most other places. The men at their head have been extremely conservative in their views of such matters, and their conservatism is not to be condemned because it is a part and parcel of the manner of environment, life and ways of the city in which they are located. Endowments are greatly needed.

THE PROFESSIONAL TEACHER.

The time is ripe for an appearance of the medical pedagogue who is willing to consecrate himself to a life work of teaching medicine. That there are a number of young men in Cincinnati who are ready and anxious to enter upon such a professional career cannot be doubted, but brilliant in their attainments as they may be, there should be some pecuniary compensation for an expression of their know-

ledge in teaching form. Class revenues are not sufficient.

In days gone by a teaching of medicine was done entirely by those who were known as active practitioners of the art. There were no laboratories to speak of, nor were they needed; to be sure, there was something in chemistry, but it is now nearly twenty years since bacteriology opened up a new world in the science of medicine, and bacteriology as well as biology means an expensive laboratory equipment. For this entailment college revenues had to be drawn upon, and a sequence was a financial weakening of the schools.

More and greater demands are being made by the public upon the professional services of physicians. Sanitary and hygienic measures proposed and carried into effect have lessened the mortality and sickness rate more than 50 per cent. during the last half-century. As a fit compensation for this very material loss to the finances of the medical profession there should come from a benefited public a recognition in the way of endowment for the schools of medicine that are reputable in character and standing.

There is among some of those who have accumulated wealth a positive penchant for giving of their means to establish hospitals. A greater mistake was never made. What is most wanted is educational endowment funds.

A marked tendency of the times is a rushing of all patients to hospitals for care and treatment, to a beggary of the medical profession and pauperization of the people.

The medical colleges of Cincinnati are without superiors in their management, and their faculties do not hesitate to go right down into the legitimate revenues of the professors for sustentation. From this it is not to be inferred that assessments are made, for they are not. There is not a medical college in Cincinnati that is not easily paying its way from student



revenues, and sustaining creditable laboratories, but much more is needed in the way of regularly salaried professors depending upon endowment funds; such facilities are imperatively demanded.

The presence in the city of Dr. Howard A. Kelly makes every one think of the Johns Hopkins University, an institution that is world renowned, and had its beginning in an endowment provided for in the will of Mr. Johns Hopkins. Otherwise such a school of medicine was utterly impossible. The good that has come to the whole world through the Johns Hopkins medical school is incalculable. What is wanted in Cincinnati is a Johns Hopkins.

Stephen Girard, Charles McMicken and Johns Hopkins never even faintly comprehended the extent of the philanthropy they were conferring upon mankind. It was not their business to study the whys and wherefores of such questions. They were notably men with a single idea. They knew how to accumulate money in a geometrical progression, and made their names imperishable by a transference of immense trusts to the hands of wise men who knew how to dispose of large sums in ways that are doing the most possible good to their fellow men.

Again, let the changes be rung over and over again on the paramount necessity of the Cincinnati medical schools obtaining some rich endowments, and if the endowments are not forthcoming there should be an honest searching of hearts in order to determine why they are not made visible.

A medical school in Cincinnati having an endowment similar to that now enjoyed by Harvard, Columbia, University of Pennsylvania and Johns Hopkins would add more to the fame and wealth of the city than both a Southern and Northern railroad. The latter are good and commendable, but not to be compared to the name, fame and riches which come through great schools of learning.

Replying to our correspondent in regard to the standing of the Cincinnati University in comparison with other universities which are referred to by him, it is favorable. Those universities are anxious and glad to accept on even terms all graduates of the Cincinnati University, and extend to the latter every courtesy that is possible for one school or college to extend to another. This also pertains to graduates and undergraduates of the professional schools of Cincinnati. When unconditioned at home they pass current at par the world over.

THE CINCINNATI ACADEMY OF MEDICINE—DR. HOWARD A. KELLY.

Last Monday Dr. Howard A. Kelly arrived at Cincinnati. At the depot he was met by Dr. Bonifield and others and escorted to the residence of Dr. Reamy, in Avondale, where he was again met by a goodly number of physicians and duly welcomed to the portals and hospitality of the good Queen City. When it is said that Dr. Reamy was the host of the occasion further comment is unnecessary. The Goddess of Bounty presided.

In the evening the Academy met in the elegant rooms of the Phoenix Club and listened to a scholarly paper by Dr. Kelly on the history of antiseptic treatment of septic conditions. Few members of the Academy were absent. After the paper members of the Phoenix Club who are also members of the Academy did the honors of the occasion in a right royal manner. Those who were present one and all left the club with an impression that there is a brotherhood of man that is not all fable or allegory. Dr. Bonifield, the President of the Academy, made the necessary introductions and announcements with all the grace of a veteran.

Tuesday morning Dr. Kelly gave a clinic at the Good Samaritan Hospital, and in the evening Dr. Julia W. Car-

penter gave a reception to Dr. Kelly, which was to be ranked as dainty, delicate and dressy. The highest and best of everything was levied upon and made to do duty as contributors to the attractions and entertainment for the occasion. Of course, the affair was a pronounced success, and the fair hostess may be congratulated.

PUBLISHER'S DEPARTMENT.

"THAT TIRED FEELING."—A certain drug firm in the Eastern States has made the above expression a most famous one by declaring that one of their remedies was valuable in that condition. The systemic condition at the bottom of this symptom is well worth the serious thought of any truly scientific physician.

A feeling of tire is perfectly natural after such a degree of physical exhaustion as will fatigue the body. It, however, becomes symptomatic of some morbid condition when the patient has not undergone such a degree of physical effort as would rationally account for it.

To feel tired and jaded signifies that our patient has a degree of nervous break down, and such remedies as will act as tonics to the nervous system may be expected to give us good results. Again, we shall find that these patients suffer to a greater or less extent from constipation and its invariable accompaniment—fecal autoinfection. What we should then give these patients is a remedy which is truly a nerve tonic and which is also a mild laxative.

To answer this combined purpose no remedy has answered the demand so well as Daniel's Conc. Tinct. Passiflora Incarnata. This remedy is a most efficient nerve stimulant, and it secures to the patient a sufficiency of sleep and the improvement in the patient's condition is generally most rapid and satisfactory.

Besides its virtues as a nerve tonic, Daniel's Conc. Tinct. Passiflora Incarnata is an efficient but mild laxative and diuretic. It is therefore easy to see how the patient can be benefited by the eliminant action of the remedy.

Daniel's Conc. Tinct. Passiflora Incarnata has the merit of not being poisonous, and it can be given in liberal doses without the least fear of producing dangerous or serious results.

It is important to specify Daniel's Conc. Tinct. Passiflora Incarnata, since the Daniel preparation is the only specimen of passiflora which can be relied upon.—WILLIS O. WATHEN, M.D., Havana, Cuba.

ADVANTAGES OF THE SPRAY IN PSEUDO-MEMBRANES OF THE PHARYNX.—On the exposed surface of the pseudo-membrane in diphtheria, the diphtheria bacilli mass in abundance, reproducing themselves and generating toxins;

while, penetrating the membrane to its middle layers, the mixed or single form of pyogenic cocci are found, or may even enter the organized tissues themselves. Drawn up to oppose the entrance of these foreign forces the organism has thrown out, from its side of the membrane, an army of phagocytes, with their "forlorn hope" of alexins, who engage the foe in "mortal combat" until the battle is lost or won. Experience has proven, however, that these forces of nature are inadequate to protect the organism from invasion and are only partially able to subdue the enemy after he has gained a foothold, especially while he is thus drawing from a rich base of supplies and recruits. They (the phagocytes), on the other hand, have advanced further and further from their base of supplies, and at length have penetrated the enemy's lines so far that his toxic influence is too great for them and they succumb.

It is, therefore, with the spray, better than any other means, that we may attack the enemy in the rear, destroy his supplies and prevent the recruits from joining the line of battle. Irrigation fails to give the penetrating power necessary to get to the middle layer of the pseudo-membrane. It and gargles are good for cleansing, but I fail to see the reason for the oblivion to which modern teaching has consigned the spray. I admit that harm may be done with it, and that the child fights against it; but the same objections hold good against irrigation, and the young cannot gargle. I avoid spraying the uvula unless covered with a pseudo-membrane, and in fact avoid any healthy membrane with the direct force of the spray, for I aim to get force enough to see the tissues splay out with the spray.

Personally, I have two favorite solutions which I rely upon to be used as sprays in accordance with the individual case. The first is hydrozone, and I direct that the nurse put two teaspoonfuls with three to eight teaspoonfuls of water and use at first every half hour or hour. I use this especially in all denser membranes, that the hydrozone may break up and disinfect the middle layers of the pseudo-membrane. It makes a way for other antiseptics which may be subsequently used.

The second spray is a solution of formaldehyde, directed to be used as follows:

Sol. formaldehyde, $\frac{1}{4}$ per cent.,	30-60.	3j-3ij
Kal. chlor.,	8.	3ij
Acid. boric,	4.	3j
Glycerine,	15.	3as
Aq. ad.	120.	3iv

M. Sig. Use in spray after hydrozone.

This I make the standby and vary the strength according to the conditions, and continue with it when the pseudo-membrane has become so thin that I do not care to continue with the hydrozone. Remembering the middle layers of the pseudo-membrane and the depths of the crypts, I shoot hard and quick and resort to the spray early, and very often do not have to use the antitoxin.—D. C. Brown, M.D., Danbury, Connecticut, in *New England Med. Monthly*, January, 1900.



Translations.

MEDICINE AND MORALS OF ANCIENT ROME ACCORDING TO THE LATIN POETS.

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

I.

Lyric, Elegiac, Epic and Didactic Poets
—Ovid, Horace, Catullus, Tibullus,
Propertius, Virgil, Lucanus and Lucretius.

HORACE.

In his satire on the manias of persons, he relates the history of a man with a charming verve. There was a pinch-penny, called Optimus, who was attacked by a grave disease. He soon fell into a profound lethargy.

"Quondam lethargo grandi est oppressus."

His heirs, already intoxicated with joy, ran to his money chests with his keys. His faithful physician tried the following method to arouse the miser from his stupor—

"Hunc medicus multum celer atque fidelis,
Excitat hoc pacto."

The doctor spread a table, and emptied on it a heap of coin, counting it over with others several times. The miser recovered consciousness. "If thou dost not watch thy gold," said the practitioner, "thy heirs will run away with it!" Optimus awakened now from his lethargy; the doctor had struck a responsive chord.

Horace has not left us the name of the clinician who furnished this observation, but it was probably Craterus, who was the poet's friend, and who is cited in some verses further along. In a discussion with his physician, Craterus, he has an argument. "Suppose, Craterus, that a patient had a good stomach. Do you conclude from that he is well and can get up? Certainly not!"

"Non est cardiacus, Craterum dixisse putaboi
Hic æger; recte est igitur surgetque? negabit!"

For an acute affection may occupy his chest or his kidneys, for example—

"Quod latus aut renes morbo tententur acuto."

These medical expressions that so often serve Horace give his writings a particular strength, and furnish us a proof of the intimacy in which he lived with his physician, and does honor to the memory of both.

Thus he compares in one of his odes a miser's thirst for gold with pathological thirst. "Very cruel towards himself was this poor dropsical subject," says he; "he kept on swelling, moreover, giving way to his thirst. He could not extinguish the heat that devoured him, for the cause of the ill would not leave his veins, and an indolent lymph kept up the paleness of his body."

"Crecits indulgens sibi dirus hydrops,
Nec sitim pellit, nisi causa morbi
Fugerit venis, et aquosis albo
Corpori languor."

In one of his satires he addresses another miser, a usurer who took large interest on money from miners.

"Quinas hic capiti mercedes exsecat."

Caput is the capital, the sum loaned; *mercedes* is the interest; *Exsecare* signifies to deduct the interest in advance.

This miser was seriously ill and naturally preferred to die rather than touch his hoarded money. Horace says to him: "The chill from the fever possesses thy body, where another malady forces thee to keep thy bed. Hast thou some one to care for thee, to prepare thy medicines, to seek a physician who might cure thee? Give thyself up to thy children and thy family."

If Horace had lived at the present day he would not have reproached this miser for having no one to go after doctors. He would only have been able to say, after convalescence, that if health is the first of good things, that it is necessary to pay those who care for you with zeal. Perhaps he thought to recall the three faces of the physician, described by Enricus Cordus.

"Tres medicus facies habet; unam quando rotatur,
'Angelicum' mox est cum juvat esse 'deus'
Post ubi curaco poscit sua præmia morbo,
Horridus appetet terribilisque 'satan.'"

which may be translated—

The patient's the strangest being of all,
Calls the doctor an angel when first he doth call;
If cured, the doctor's a God, fighting evil,
When the bill is to pay the doctor's a devil.

In this satire Horace likewise blames those discontented with the position allotted them by Destiny; the soldier envies the merchant; the lawyer who boasts of liberty envies the laborer; the countryman always wishes he lived in a city, etc. All, he concludes, would be still more unfortunate did Destiny grant their prayers. But that which it is necessary to remark in this spirituelle lesson given by the poet to his contemporaries is that he makes one exception in favor of the doctors. He permits them to complain of the fatigue of their many labors, of public ingratitude and the neglect of the government; for it was already that way in the days of Horace, and will so continue to be until the end of time. Augustus, meantime, was an exception to the general rule as regarded Antonius Musa. On the return of the expedition from Biscay, as Dr. Meniere relates, the Emperor was attacked by a serious hepatitis. The hot fomentation applied did not prevent the malady from making progress. The disease appeared to be about to carry off Augustus, when Musa resorted to an opposite plan of treatment. Cold water, "*intus et extra*," conquered the affection. We have here one of the first applications of hydrotherapy as recognized by Priesnitz, and such as is practiced to-day throughout all Europe, especially, it is true, in the majority of cases, but sometimes with marvelous success.

The Emperor Augustus honored Musa royally; he was made a freedman and overwhelmed with honors and wealth; he was exempted from all public taxes, given the rights of a Roman citizen, authorized to wear the gold ring of a chevalier, and a bronze statue of him was made and put up near that of Æsculapius.

Let us turn over some pages of Horace, and we will find some specimens of brain-blind beggars. There are two divisions that he calls *mendici*, in which he includes the priests of Cybele, the priests of Isis, the interpreters of dreams and voluntary castrated fanatics, passing for simple people, but belonging to a dangerous species of human parasites. All these men carried beggars wallets, and warned women what they should avoid doing, or telling them where to go in order to perform some act of worship. Thus they worked the corruption of the feminine sex by acting as letter bearers, and

arranging assignations with lovers. The priests of Isis were particularly active in this kind of business; for the temple of Isis was the place where gay women resorted.

There was yet another variety of mendicants, who went from door to door, demanding the waste food. They wrapped themselves up proudly in two tattered rags one folded over the other.¹

"Contra quem pauno dupli patientia velat."

Horace here alludes to Diogenes as among those who carry a staff, wear double mantles, and are only pure sophists. "He gives back to Arristippus," adds Horace, "the rich mantle that was offered him, and kept his assumed delirium."

"Refer et sine vivat ineptus."

Here is the gallery in which Horace placed eccentrics, lunatics and the degenerates of his epoch.

"Where, then, do we find wisdom? Among these? For the wise merit the name of extravagant, and the just are unrighteous if they carry exaggerations into their conduct and maxims.

"Insani sapiens nomen ferat, acquis iniqui,
Ultra quam satis est, virtutem si petat ipsam."

We have seen that Horace was an expert at gourmandizing. He knew its attractions and inconveniences. With what art he enumerates and censures the manias and depravations of the gourmand. But in order not himself to be taken in such flagrant acts, he makes a eulogy on the frugality of Orphellus, an honest peasant, his neighbor in the country. Orphellus thus expresses himself: "Go chase the hare, with a wild horse to worry thee. If warlike habits worthy of Rome are repugnant to thy Greek habits, seize a hand ball, deceive by the pleasure of play the lassitude that overcomes thee; take quoits if thou so prefer. Fatigue the body if thou hopest to drive away the wearied feeling from thy mind; afterwards hungered, with dry throat, have a contempt, if thou darest, for coarse meats and Falerno wine, that even the honey from Hy-mettus cannot more sweeten.

"Thy hotel keeper hath gone out; it is winter, and the fish fall short. What

¹ The cynic philosophers wore no coats. They were content with wearing a ragged mantle passed twice over the shoulders.

difference? Bread and salt should suffice; the cries of thy stomach are appeased; thus thou art content. The sources of voluptuousness reside in thyself, not in flavors for which thou payest so dear. Seek in fatigue thy appetite and the seasoning for meals. Indolent gastronomic, pale from enjoyments, thou wilt not find taste in oysters, sargets, nor the game that foreigners bring thee."

Our peasant speaks like a book on hygiene, and continues his learned dissertations on fish and gluttony. "All is corrupt," says he, "in a sick stomach that the accumulation of food fatigues."

It is necessary, then, to use radishes and aromatic elecampane.

"Mala copia quando
Aegrum solicidat stomachum, quum rapula
plenus
Atque acidas mavult inulas."

There are still a few doctors who use elecampane (*Inula Campana*) as a tonic, as an excitant, and anti-dysenteric. Its use in medicine dates back to a remote period of time, and we see long before the days our Gubler used its expectorant qualities it was used in bronchitis.

Now, what are the advantages of frugality? Orphellus goes on to tell us:¹

"At first thou wilt not support frugality well. A variety of meats injure a man; dost remember how thou found thyself every time thou nourished thyself with a single dish? Yet when thou confoundest roast meats with boiled meats, oysters and wild thrushes, the softer, sweeter flavors changed and became bile; thy stomach

¹ Petronius likewise puts into verse the advantages of frugality. To all those who aspire to science and glory it is necessary to make a duty of this virtue.

"Artis severae si quis amat effectus,
Mentemque magnis applicat prius more
Frugalis lege polleat exacta."

He recommends keeping away from the tedious banquets set by the rich, to fly from debauchery, to never give one's self up to an excess of wine that stupifies the mind.

"Nec perditis addictus obruat vino
Mentis colorem."

"Genius is the child of frugality.
Thou, whose ambition longs for immortality,
From the tables of the great fly all perfidious luxury.
The vapors of Bacchus obscure reason,
And rigid virtue
In happy vice fears to bow down the head."

then was given to intestinal warfare, charged by a pituity that slowly tortured thee."

Catarrh of the stomach, dyspepsia, stomachal acidity, are all well indicated. It was necessary that the poet should have experienced the anguishes of gastralgia and the successive indigestions that are induced, in older that he could analyze the symptoms with so much precision. Behold, then, Horace as a pathologist, hygienist and Professor of Bromatology. It is in this quality that he finds it equitable to make small exceptions in diet when a friend dined with him. He added then a plate of vegetables and grilled pig's feet, and every day a roast chicken and a hare. Afterwards grapes were pulled from the overhanging arbor, and with nuts and figs formed the second course. "After that," says he, "we drank the very largest cup that I own dry, passing the goblet from hand to hand. We drink to Ceres for beautiful gifts. Wine charms away cares, unwrinkles foreheads and lightens the heart."

"Explicit vino contractae seria frontis."

In another satire he makes a eulogy on the good cheer furnished by Catius, a simple epicurean and culinary supernumerary. This Catius, less talented than Brillat Savarin, formulates his precepts as follows:

"Eggs of an elongated shape have a most delicate taste; milk-white ones are used by preference, for their shells contain the male germs. Garden kitchen cabbage has less savour than that grown in open lands. There is nothing more insipid than the fruits from a too freely watered garden. Mushrooms are almost all of good quality, but it is bad to take them from everybody." Here we protest; Mushrooms are not worth as much as chestnuts, cepes from Perigord, nor even the truffles, another mushroom, that grow in the same fortunate places.

Our Catius now gives us some advice for our health. "If you are not sick," says he, "eat black mulberries at the end of your dinner, cooked only by the sun's rays. Do not drink Falerno mixed with honey before eating, for in case the stomach is empty it is necessary to only drink sweet things."

"Quoniam vacuis committere venis,
Nil nisi leni decet."

There is a condemnation of aperatives, vermouth, Madeira, absinthe, bitters, etc.; a very just compensation that even children at the age of seven know.

Let us continue.

"Is your lazy belly obstructed? Mussels and other shell fish will cause an evacuation with sorrel without forgetting the wine of Cos."

We might add not too much sorrel nor too much wine, but this would be useless. He ends his course with different ancient sauces with which fish should be eaten, and a disquisition upon the production of the best varieties of game, etc.

In his epistle to Numonius Valla, Horace asks for information relative to the climate of Salerno, where Musa was going to send him, because the sulphur baths of Clusium were contrary to affections of the stomach. But he does not forget to inform him of the near country where the most hares and boars abound, as well as the sea shores most plentiful with fine fish. For, if at his country home, all is well; if his time be passed on the sea shore he loves a fresh and generous wine, that would dissipate his cares, fill his heart with bright hopes, delight his tongue and render his youth more agreeable to his affectionate Lucaniene. It is necessary to be explicit, too. "Because," says he, "I wish to return to you big and fat, like a true Pheacian."

"Pinguis ut inde domum possim Pheaxque reverti."

If Horace knew the loves necessary to give to good wines he also laid great stress on pure water. "Would you drink cistern water," says he, "or water that flows down fresh and cool from high mountains?

"Collectosne bibant imbræ, puteosne perennes Dulcis aquæ.

He did not like—and he was right, too—"that water that is forced through lead pipes, where it is held; it was less pure than that falling with soft murmurs down a natural declivity from a brook."

"Purior in vicis¹ aqua tendit rumpere plumbum
Quam quae per pronum trepidat cum mur-
mure rivum."

¹ The great number of aqueducts in ancient Rome was one of its principal wonders; Agrippa reports to Pliny that in the year 735 Rome had almost seven hundred reservoirs and five hundred fountains, a number largely increased afterwards.

But what he preferred, above all others, was a fountain more fresh than the waves of Hebrus that water Thrace, that is a water salutary for diseases of the stomach and head.

"Infirmo capiti fluit utilis, utilis alvo."

It was not very difficult to divine where it is found. It is in its domain in that delicious retreat that protected him against the heat of the dog days and the malignant influences of September, where he awaited the daily visits of his friends.

"Incolumen tibi me praestant Septembribus horis."

It was there, in fact, that true hospitality was to be found. It was in the small myrtle grove, meeting his friends with outstretched arms and a happy smile on his lips.

In order to better be seen at home, it is necessary to note a letter that he wrote to Torquatus, a missive full of friendship and rapture.

"If thou hast no fear of sitting upon rustic seats and supping on vegetables, thou mayest bring along some good things. I await thee at sunset at my home. Thou shalt drink a wine of a vintage made under the second consulate of Taurus. Come on! The wood blazes on the hearthstone, and all is ready to receive thee. Leave thy affairs and come and talk gaily up to daybreak. We will empty a few bottles and tell anecdotes."

And he adds: "What a marvel there is in a little intoxication. It is the key to confidence; it is hope transformed into reality; it pushes, despite himself, even a coward to fight; it relieves the soul of heaviness, of care, and makes talent blossom. Who is there that a well-filled goblet shall not make eloquent? Where is the poor man that wine does not enrich even in the midst of his misery?"

The first verse of this tirade upon drunkenness may be thus translated:

"God of the Vintage, it is our right.
To sing thy praises each festal night.
Is not all wit due to thy lightness?
You chase off care, flashing in brightness.
Strength to the feeble you ever gave,
Making e'en cowardly soldiers brave," etc.

[To be continued.]

SWEET spirits of nitre is said to give good results used as a local application in ivy poisoning.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

FEBRUARY 16, 1901.

WHOLE VOLUME LXXXV

THE PROGNOSIS AND TREATMENT OF LATERAL CURVATURE.*

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Scoliosis, or, as it is more commonly called, lateral curvature of the spine, is an exceedingly frequent condition. By most orthopedic writers it is given the first place for frequency among the conditions for which the aid of the orthopedic surgeon is sought. According to Hoffa¹ and Dollinger, scoliosis furnishes something over 27 per cent. of all deformities observed clinically. Drachmann² found on examining over 28,000 school children in Denmark that 1½ per cent. were scoliotic. Although these figures come from foreign countries, when it is considered that many slight curves are entirely overlooked by parents and even by physicians, and that by some parents the condition is considered of too little moment to require attention, the proportion will scarcely be found too large. The number of cases in which lateral curvature exists to a degree which may be regarded as serious or as productive of easily visible disfigurement is by no means so large as this. This is ascribable to the fact that in a fair proportion of cases the disease is self-limited before severe distortion of the body has occurred. Indeed, it might be said that in every instance the disease is sooner or later self-limited; the limit is only too often found in ankylosis and deformation of the vertebrae, so that if further progression is unlikely so is remedy out of the question. It is a matter of common experience, however, that the course of the disease is exceedingly irregular; arrest of progression is frequently only temporary, and it is difficult to say when a permanent halt has occurred, for at any time under the age of thirty it is possible for a recrudescence to occur with or with-

out apparent provocation, and it has been observed a number of times to occur in middle life, and even in advanced age, as the indirect result of some debilitating illness and after many years of quiescence.

Laying aside, for the moment, the question of treatment, a number of factors are concerned in making the prognosis. The period of rapid growth, therefore the age of puberty, is a time in which progression is likely to occur; the disturbances of nutrition and of general health common at this time are likewise of unfavorable prognostic significance. The flexibility of the spine is of great importance; while the flexible spine responds most satisfactorily to treatment, as a rule, so without treatment, on the other hand, does it furnish the most favorable condition for the continued development of deformity. The etiology of the case, moreover, must never be overlooked in prognosis. Cases of rachitic and paralytic origin are of obviously unfavorable character. Attention has been drawn to the fact that the antero-posterior contour of the spine is of importance in establishing the future of the scoliotic patient; the curvatures occurring in patients of the flat-backed or "sway-backed" type are exceedingly likely to be rebellious to treatment; the deformity is likely to augment rapidly, and to become rapidly ankylosed as compared with that in a patient of round back.

We are not accustomed to regard lateral curvature as of grave import to our patients. Many cases of severe type are seen in which, on account of the absence of subjective symptoms, the condition is regarded as worthy of attention solely on cosmetic grounds. I am convinced that the greater

* Read before the Academy of Medicine of Cincinnati, January 14, 1901.

number of physicians are inclined to look lightly upon lateral curvature except as a disfigurement, and their attitude is reflected in the parents, who very frequently are unable to see the necessity of curtailing a daughter's extra-mural education, even in order that sufficient time may be found for the treatment of her curvature. I think that I am not exposing myself to the charge of exaggeration in asking you to believe that the seriousness of scoliosis is considerable, and especially if untreated. Aside from the subjective painful symptoms, which may be to a high degree harassing, I have only to remind you that scoliosis occurs for the most part in girls whose muscular and even visceral development is below par, and that the advancing deformity tends to make it more so, for in the measure of its progression does the chest capacity and activity diminish, and cases are far from rare in which this results in dyspnea of quite high grade, so that exercise is still more inhibited on this account. Aside from this, however, scoliosis of fairly severe degree has been shown to cause important and serious disturbance in the relations and integrity of important viscera. Late investigations show that scoliosis of higher grade shortens the expectancy of life, a fact appreciated already by some insurance authorities. Which one of us is able to foresee how far a scoliosis will progress without treatment? Which one of us, therefore, is justified in assuring the patient that the slight deformity is of no importance, that exercise in the open air and hanging from a horizontal bar are all that is necessary? Yet this advice is daily given to patients by those who are either careless of the possible harm which may accrue or are sceptical regarding the efficacy of treatment.

With regard to the changes in the viscera Satterthwaite³ has called attention to the displacement of the heart occurring in cases of dorsal scoliosis. In accord with Adams he speaks of attacks of palpitation and faintness occurring in scoliotic girls even where the curvature is not of high degree. Very important in this connection are the investigations of Bachmann.⁴ He reviews the post-mortem records of 276 cases of severe scoliosis; in over 91 per cent. were there decided lesions of the circulatory apparatus and in 59.9 per cent. death was the direct result of heart failure. In addition a large proportion of cases

presented marked changes in form and structure of the lungs. The heart changes consisted of valvular lesions and muscular degenerations, but principally in decided dilatation and hypertrophy of the right ventricle.

Remembering again the impossibility of foreseeing with any degree of accuracy the extent to which a developed scoliosis may progress, the decided alterations of the viscera which are apt to follow this, and lastly the unhappy mental state of many women deformed beyond hope of repair, it appears to me we cannot look with indifference upon this condition at a time when so much can be done, even though at this same time the disease appear of little significance to patient and parent.

The effect of treatment upon the prognosis is naturally the question of greatest practical importance. One statement may be made almost axiomatic at the outset: true rotary lateral curvature once formed, even though of slight degree, may not be expected to disappear or even diminish without treatment. The influence of treatment upon the ultimate result in scoliosis depends upon a number of factors. My own experience leads me to agree with Hoffa⁵ in holding that many cases of incipient scoliosis can be really cured by proper treatment. These cases belong in what is usually described as the "first stage." In them we have as yet a thoroughly flexible spine, with possibly no secondary curve as yet developed. Unfortunately, many cases are permitted to go far beyond this period before they are brought for treatment, or possibly before they are discovered.

A second period is that in which, the secondary curve having developed, there is now a manifest rotation hump. In suspension, however, this hump disappears more or less completely. In these cases we are almost always able to restore the natural appearance to the trunk; the recovery is almost always imperfect, however, and more or less lateral deviation and rotation are likely to remain.

In the third stage we have the exceedingly deformed spine and trunk to deal with; the chest is markedly deformed, the rotation hump is large and unsightly, and is scarcely or not at all influenced by suspending the patient. In this stage we can still hope to improve the habitual attitude of the patient and his trunk outline, we

can relieve the neuralgic symptoms so apt to be present, and, what is most important, we can bring the disease to a stand-

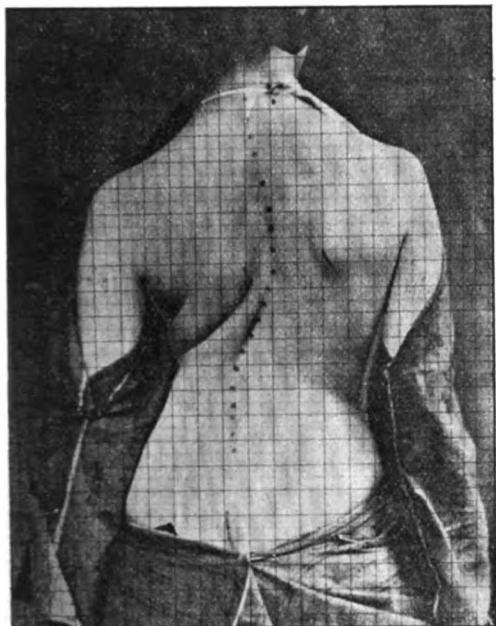


FIG. 1.

still, and with the patient's coöperation hold it stationary.

We might sum up the prognosis by saying that under the treatment the disease can, in its incipiency, be perfectly cured, but that in every case proper treatment can prevent its growing worse. In most cases treatment can also greatly improve the appearance of the patient.

It is not the object of this paper to discuss the details of the treatment to be pursued in the various forms and stages of scoliosis; to attempt this would carry us to too great length. Our purpose is rather to consider the principles of treatment and the measure of success which may be expected to attend their application. Before so doing it were well, however, to emphasize the necessity for careful examination, but especially the desirability of recording the various measurements of the case, which should be made with great care and without bias. Without entering into a description of the many methods in use, it may be said that the record should include not only the measure of the deformity, but a careful investigation of

the general physical condition, of the muscular development, of the capacity and activity of the chest, never omitting a careful examination of the heart and lungs. The examination should include a graphic record of the deformity. It has been well said that this is best obtained by "honest photography," and this is fully satisfactory only when the surgeon himself is the photographer. From such records as referred to when made at stated intervals, and made without prejudice, conclusions of real value can be drawn as to the ground gained and as to the methods to be pursued in continuing the treatment.

It is exceedingly important in beginning the treatment of a case of scoliosis that precise directions be given for the carrying out of those hygienic measures so important in the prophylaxis of the disease. These include the encouragement of outdoor play and exercise, even at the expense of school work; the proper arrangement of school work so that this shall be adapted

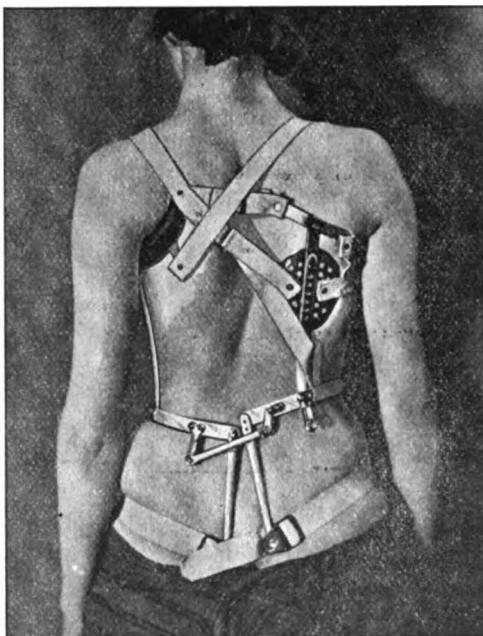


FIG. 2.—Same patient as Fig. 1.

to the power of endurance rather than the reverse; the avoidance of faulty attitude both during the waking hours and during sleep, and a prescription for a sensible and nourishing dietary. In addition, the personal hygiene should receive attention,

and particularly in the matter of dress. Unless one has had his notice called to it the drag made upon the shoulders by suspending the clothing from them is surprising. The ordinary form of corset should be forbidden. Since the importance of ocular defects in causing children to assume faulty attitudes has become well known, it is unpardonable to overlook these as a possible source of harm.

In the treatment of scoliosis great steps forward have been taken in this latter half of the century. Formerly the methods employed in the attempt to cure the deformity were purely mechanical. The number of braces, orthopedic beds and instruments which have been devised for this purpose is exceedingly great, and serves only to emphasize their incapacity. Far from being able to correct an existing deformity, mechanical portative appliances cannot even prevent the advance of a curvature with decided tendency to progress; the patient is unable to bear a constant pressure of sufficient degree to accomplish this. At the same time I should be unwilling to banish braces and supports entirely from the treatment of scoliosis; there are many cases requiring support in the interim between treatments, either because of the severity of the curvature and great feebleness of the muscles, or because, as in the case which is here illustrated (Fig. 1), a bad curvature exists in connection with mental apathy of such degree that the patient's cooperation cannot be counted upon. In such cases, then, only as a part of the treatment, supports or braces may be used. For my part, I prefer the brace of Shaffer, the action of which is shown (Fig. 2), or that of Mikulicz, to any other brace, or, indeed, to the various corsets. I occasionally order the raw-hide jacket, but believe that it interferes more with respiration than the brace if it is made so as to be really efficient. In the greater number of cases presenting themselves for treatment in private practice no supporting appliances are either necessary or even desirable. The advisability of treating lateral curvature by means of gymnastic and redressive procedures has been long insisted on by the Swedes, but principally also by Delpech and Dally in France, by the Roths in England, and many others following in all other countries, so that at present there will be found but few of experience and understanding

of the matter who differ radically regarding the treatment.

The ideals to be striven for in the treatment might be briefly and incompletely summed up thus:

The mobilization of the spine is logically the first thing to be striven for. In every case of scoliosis the flexibility of the spine is reduced; this is most noticeable in the lateral flexions. In attempting these the patients, moreover, display plainly the tendency toward increase of rotation. The antero-posterior motion of the spine is, however, also affected. Lovett⁶ has recently shown that it is probable that the majority of curvatures are acquired in a position of flexion (forward bending) of the spine. He has shown experimentally, moreover, that increase of flexion increases the rotation, and conversely. Indeed, in the experiment it can be shown that in the position of hyper-extension (backward bending) the vertebral bodies can, in the absence of bony change, be made to rotate to the opposite side. It follows, therefore, that the flexed positions should be opposed and hyper-extension of the spine favored in all of the manœuvres to be undertaken.

One more preliminary consideration before speaking of the mobilization. In scoliosis the temptation is great to attempt the correction of the lateral deviation by lateral pressure. In the dorsal region especially there could be no greater mistake; the deviation is not lateral, it is rotary-lateral, and it follows that the deformity of the chest consists of an increase of the diagonal diameter of the chest in such a way that the anterior chest wall is flattened on the side of the convexity, but the posterior chest wall projects on this side, forming the rotation hump. There is, too, a corresponding though less noticeable projection of the anterior chest wall of the concave side. Purely lateral pressure has the result of further increasing the diagonal chest diameter, and therefore of diminishing still further the insufficient chest capacity and of increasing both the rotation hump posteriorly and the chest projection anteriorly on the side of the concavity. It follows, therefore, that all apparatus, such as Wolf's cradle for sleeping, making purely lateral pressure on the ribs, is on this account to be avoided.

Mobilization of the spine implies the overcoming for the time being, and more

or less perfectly, the deformity of the spine; it should imply also, however, the attainment of an over-correction if possible. This is to be accomplished by two kinds of procedures—those comprehended in the term "forcible correction," and in which the patient assumes a passive rôle, and those in which the patient is active and which are designated as "redressive movements" or gymnastics. I have found it avantageous to begin the treatment with forcible correction. By so doing the mobility of the spine can be perceptibly increased, so that the movements and exercises to follow can be done to better advantage and in better form. In the following I shall have to confine myself to the mention of apparatus which I am in the habit of using. The patient is put into an apparatus described by Radike,⁷ a photograph of which is shown (Fig. 3) as

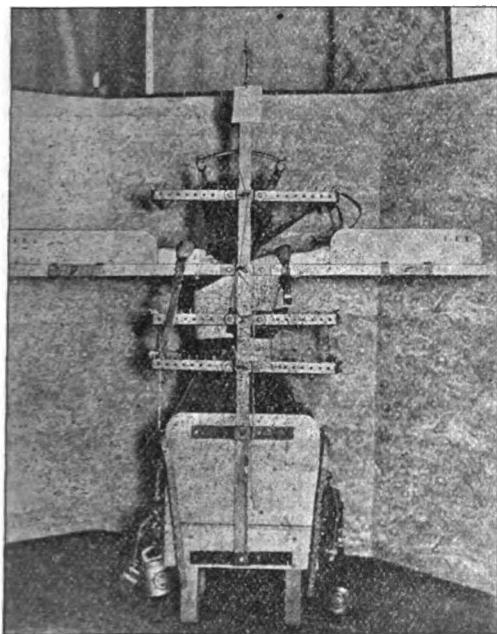


FIG. 3.

applied to a case of right dorsal convex scoliosis with lumbar compensation. It permits pressure to be made in any desirable direction, and my patients usually bear pressure of from forty to fifty pounds in both dorsal and lumbar regions for periods of twenty to thirty minutes without pain and without any considerable discomfort. The mobilization which is

here accomplished is sufficiently evident to convince the most sceptical, and in cases not too severe the over-correction is arrived at after three or four sittings. The pressure is exerted so as to work



FIG. 4.

against both the lateral inflexion and the rotation, and the advantage of this apparatus over others with similar purpose lies in the transmission of force from weights by means of cords passing over pulleys; thus, as the body yields to the force, the pressure is followed up and is on this account fairly constant. This apparatus is used on all but the very mild cases of scoliosis. Lorenz's apparatus (Fig. 4) accomplishes forcible correction by utilizing the weight of the body in making pressure on the spine in an antero-posterior direction through the medium of a broad strap stretched across a metal semi-circle. After the apparatus has been properly adjusted the patient is rocked to and fro a number of times. In the "paddle and roller" we have another apparatus for the application of force (Fig. 5). In using this the patient lies

prone; the upper part of the thorax is supported by a large firm roller, the pelvis supported by a smaller one. By means of an upholstered lever, the distal end of which engages in a ring and strap, pressure is now made upon the rotation hump so that untwisting of the spine is encour-

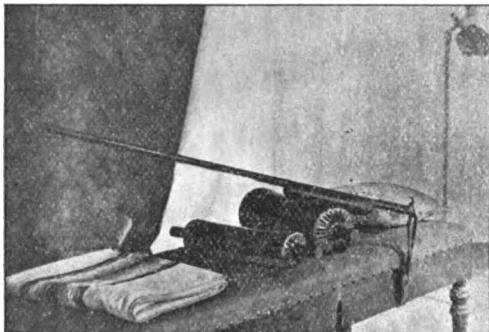


FIG. 5.

aged and the re-establishment of the chest capacity is favored.

The number of procedures embraced under the term "redressive movements" is very great. I should be transgressing

brought into a corrected position. I shall present but one example (Fig. 6). The case is that of a young lady, Miss C. B.,

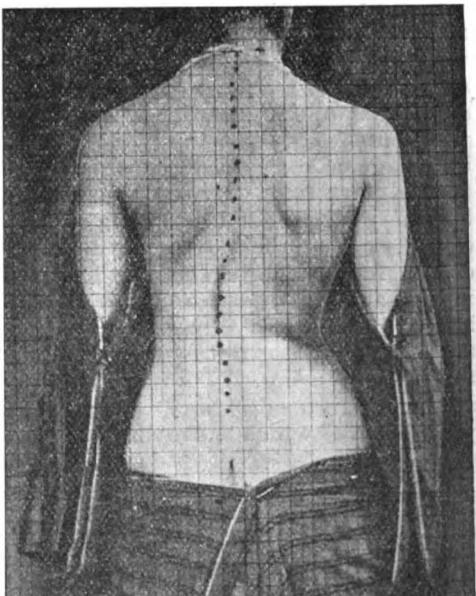


FIG. 6.

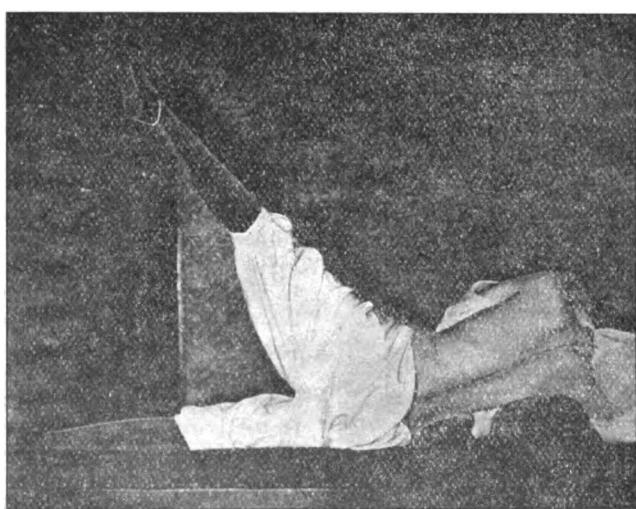


FIG. 7.

upon the most liberal limits to this paper were I to enter upon their description. They have the advantage of assisting the action of the more forcible redressive measures before mentioned, with the additional benefit of exercising those muscles by means of which the spine can be

twenty-seven years of age, and referred to me by Dr. H. W. Bettmann. The deformity is a primary left lumbar curve, with considerable fixed rotation and slight compensation in the right dorsal region. Although she is beyond the age when the best results are obtained, painstaking work

and patience have accomplished the mobilization to that degree that in the exercise illustrated (Fig. 7) a slight but actual over-correction is obtained. The exercise consists in the right latero-supine position, with a firm roller under the chest. Active abduction of the left leg is done in this position. This may be made more potent

lature, and of the muscles of the back in particular, is to be accomplished if the foregoing measures are to be of any lasting good to the patient. Again I shall have to confine myself to generalization. The Swedish system of gymnastics is to be highly recommended for this purpose, and especially are the so-called arch flexions, resisted head and trunk extensions, of value

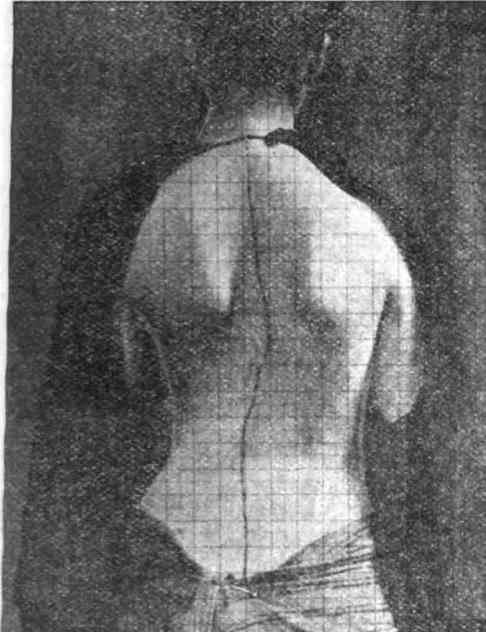


FIG. 8.

as the patient's strength increases by offering resistance.

The development of the chest and its respiratory capacity is the next indication, and is satisfied by gymnastic work of suitable character, with or without apparatus. In this, as in the gymnastic work to be subsequently mentioned, I am very partial to the use of apparatus not only because of inherent advantage, but also because their use has a decidedly beneficial influence mentally. The various forms of pulley weights are used for this and for general muscular development, but for the development of the chest the quarter circle is the most valuable; in my gymnasium we have found it advantageous to add extension to the head by means of cord, pulley and weight. This ensures an hyper-extended position of the spine during the exercise.

The development of the general muscu-

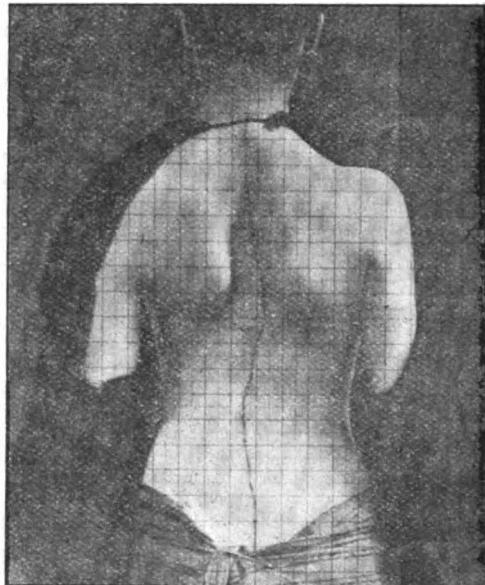


FIG. 9.

in treating scoliosis, and in this regard Lovett's suggestion to avoid all complicated movements, and especially the lateral flexions, is praiseworthy. It may be noted with advantage that the principles of Swedish gymnastics may be carried out on apparatus which is not at all Swedish; this will enable one to vary the character of the movements and put more interest into the work for the patient. It is my custom to terminate each gymnastic treatment with massage of the back muscles, and frequently with application of the faradic current to them.

Teschner⁸ has proposed a "system of rapid and thorough physical development for the treatment of postural deformities of the trunk," in which he aims to bring his patients rapidly to such a condition of muscular strength that they are able to work with very heavy weights. After some trial of the method I cannot but believe that while mild cases of scoliosis

may be cured by this means, it must be fraught with danger to the more severe ones—danger of increasing the curvature and rotation.

The most insistent advocate of the purely gymnastic treatment has for many years been Roth,⁹ of London. He remarks that “a patient with confirmed lateral curvature is so habituated to the crooked position that considerable patience and perseverance are frequently required to convince him or her that an erect or improved posture is really such, and not an exaggeration of the deformity.” A re-education of the patient’s muscular sense

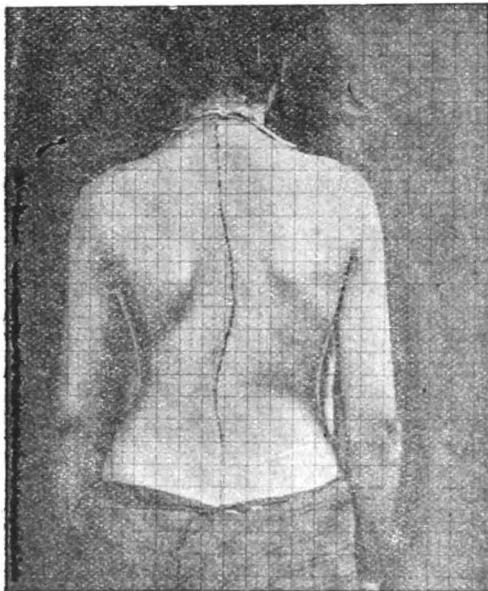


FIG. 10.

as to the erect position is therefore an important indication. Figs. 8 and 9 show, however, in what way it is possible to be deceived with regard to the improved position. We see here that the improved position has been obtained by straightening the dorsal curve at the expense of the lumbar.

I must believe with Redard,¹⁰ that “kinesiotherapy, working principally through muscular action, can have but little influence on the element of deformity; it cannot, alone, change the form of the bones, correct the vertebral and thoracic deformities and act efficaciously upon vertebral torsion.” If we believe with Roth that scoliosis is incurable according

to the extent of osseous deformity, we can also believe with him that in from one to three months’ daily treatment it is possible to exhaust the possibilities of our art in this field. If I believe with him that the routine treatment of scoliosis with mechanical supports is fallacious and harmful, then no less decidedly do I differ in believing that by forcible correction shortened soft parts can be stretched, stiff spines

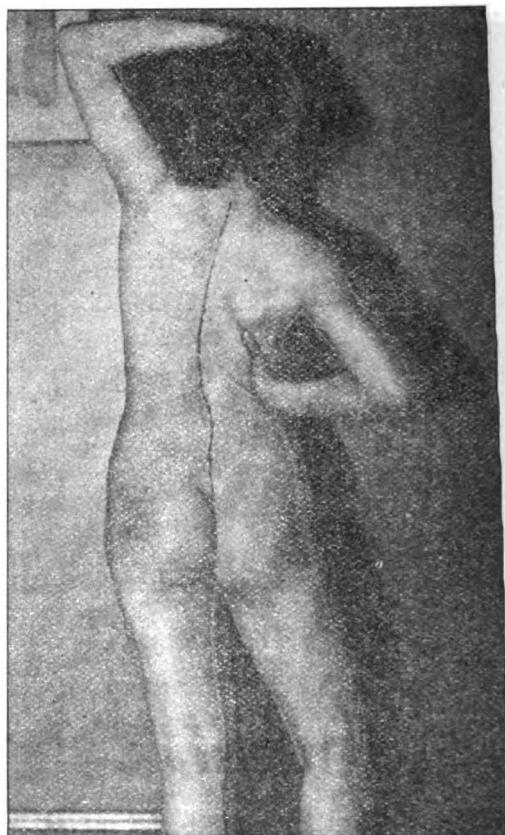


FIG. 11.

mobilized, so that having made it possible to put our patients into the best possible position, we can afterwards, by gymnastic treatment, enable them to maintain this to greater or less degree.

To the end that these things may be accomplished we cannot be said to have with much encouragement in the treatment of a case until we have enabled our patient to voluntarily and unassisted assume a position of over-correction. Lorenz and Hoffa have taught us how to accomplish this. I shall allow the Figs.

10 and 11 to show better than words what can be accomplished in the space of three months in this regard. Fig. 10 shows the natural posture at present, and Fig. 11 shows the voluntary over-correction which is now possible. But this patient, far from

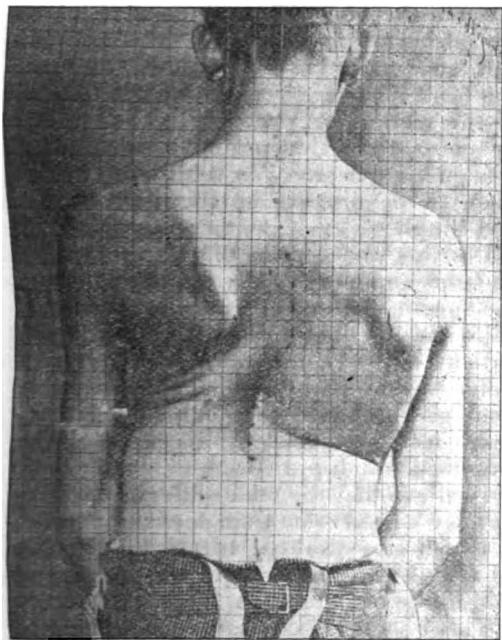


FIG. 12.

being cured, has arrived at the most important stage of treatment, and while her bony deformity may never entirely disappear, it has already been decidedly modified, as shown by actual measurement. She still has ten degrees of rotation, but I am confident that this will further be greatly diminished.

In cases of more severe and resistant type we shall often not succeed in obtaining satisfactory results by the above methods alone. It is in these cases that it has been hoped to effect a forcible correction of the spine, followed by immobilization in plaster-of-paris for a considerable period, a method similar in principle to the forcible correction of club-foot. I have had experience thus far with the method of Bradford and Brackett¹¹ only. In this method, by means of special apparatus, correction is obtained by the pressure of pads acting against the body weight. The plaster is now applied so that the pads remain in the jacket, exerting constant pressure. After

several weeks the jacket is removed and another is applied, making further correction. This is repeated until the maximum of correction has been accomplished. The result must then be held by gymnasium treatment, assisted, it may be, by some form of support. If applied in patients not beyond the period of active growth this method yields results which are at once self-evident and gratifying, and appreciable even to the layman's eye. This can, I believe, be demonstrated in Figs. 12 and 13, which show the case of a boy of sixteen years, his condition before treatment and the result three months after the application of the first jacket. As the result of this his height has increased one



FIG. 13.

and one-fifth inches, his chest capacity augmented, his body weight raised twelve and one-half pounds, and lastly, he has been rid of a most distressing dyspnea almost akin to asthma in character and severity.

It appears to me, as a result of much inquiry and painstaking, that beyond doubt more can be accomplished for these unfortunate scoliotics than merely trying to hold them up with a brace, on the one hand, or simply teaching them to hold their bodies and spines in an apparently better posi-

tion, on the other hand. That it requires much care, patience, experience and time to accomplish this there is equally little doubt.

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The Varieties of Membranous Anginas Produced by Micro-organisms Other than the Klebs-Löffler Bacillus.

Bissell (*Buffalo Medical Journal*, December, 1900) asserts that occasionally pseudo membranous anginas, which clinically resemble true diphtheria, are produced by the streptococcus pyogenes and the micrococcus of sputum septicemia. He reports two cases, one of which was fatal, and the other was saved by antistreptococcal serum. Diphtheria antitoxin had absolutely no effect. In another fatal case the micrococcus of sputum septicemia was found, but no Klebs-Löffler bacilli. He concludes as follows:

1. The streptococcus pyogenes and the micrococcus of sputum septicemia [micrococcus lanceolatus] can produce membranous anginas accompanied by physical disturbances sufficient to result in death.
2. The oidium albicans produces pseudo-membranous exudates easily mistaken for a Klebs-Löffler inflammation.
3. The only positive means of determining a Klebs-Löffler infection is by microscopic methods.
4. From a sanitary standpoint, as regards quarantine, anginas due to the streptococcus pyogenes, micrococcus of sputum, septicemia, and the oidium albicans, require little consideration.—*Courier of Medicine*.

PRURITUS AND ECZEMA OF THE ANUS AND RECTUM.

BY GEORGE J. MONROE, M.D.,
LOUISVILLE, KY.

Eczema and pruritus of the rectum I do not describe separately. Technically I presume there is a difference, yet I think we are safe in saying that, so far as symptoms and treatment are concerned, they are similar. They are very common diseases of the rectum, or, probably, what would be more correct, symptoms of diseases located elsewhere. We seldom ever find them to be diseases of themselves pure and simple.

Pruritus and eczema of the rectum are about as annoying as any disease affecting the human system. The itching is unbearable and terribly tormenting. Many a patient has told me they would rather suffer severe pain than this intractable itching. I believe that our late authors have decided to call all diseases of the anus which itch pruritus.

I believe that the male suffers more frequently with eczema than does the female. It is a disease also that affects middle life. I have seen it, however, in the child, and also in the octogenarian.

The itching is constant, yet there are exacerbations of more intensity at certain times. This is especially so when a patient gets warm in bed at night.

The pruritus sometimes spreads over the perineum, the buttocks and scrotum in the male, and the labia in the female, and even down upon the legs. Very often the parts are cracked and fissured, and hot and inflamed. We find this especially so if the patient allows himself to scratch very much, and it is almost impossible to keep from doing it. Many times they will awaken themselves at night by scratching. They will scratch and rub the parts, although they realize and know that the more they do this the worse they are. The skin becomes tender, and will glisten like oiled paper.

The coloring matter of the skin in old cases is destroyed, and it will become white, tough and leathery. There is frequently a jelly-like exudation, which becomes dry and hard, and will form scales upon the surface.

The Germans and French claim eczema and pruritus of the anus are entirely local, hence they claim to be able to cure them

by local treatment alone. These diseases must be of a different character in those countries than they are here, for local treatment alone with us, as a rule, will not cure them. We have frequently to use constitutional treatment in order to cure.

There are many causes of pruritus of the rectum, and it is often difficult to arrive at the real cause. By close and thorough investigation we can generally find the cause. The difficulty in finding the cause has been the means of creating the idea that they are incurable. I believe that if we really do arrive at the cause and remove it, we can cure every case.

I believe, as a rule, there must be a certain condition of the system present in order to develop a pruritus or eczema. I think many times the predisposition is inherited. I have known entire families to suffer with pruritus of the rectum. A hundred may be exposed to certain causes and no pruritus will result, while the hundred and first exposed to the same causes will develop pruritus, the one hundred and first being predisposed to the disease. Seed may be sown in barren soil and it will not germinate and grow, but sow it in the right kind of soil and we will have an abundant crop. Sow the seed of pruritus and eczema in the soil adapted for them and they will take root and grow.

Some kinds of food will produce a pruritus. This seems to be especially the case with shell-fish, especially if mixed with wine and cheese. This may be only temporary, yet it may be the starting-point of what will prove to be chronic pruritus.

Constipation, I believe, is a very prominent cause of pruritus. In nearly every case of pruritus and eczema of the rectum we find the patient constipated.

Indigestion, thread worms, impacted feces, hemorrhoids, ulceration, prolapsus, fistula, fissures, irregular habits, exposure, will all produce eczema and pruritus.

Where we find an excess of uric acid we will find pruritus. Diabetes also will produce it.

Scrofula and scorbatus, especially in children, will cause it.

I am not certain that nervousness will produce pruritus, but I am certain that pruritus will produce nervousness.

With cancer of the rectum we frequently have a very annoying pruritus.

Filth and a lack of cleanliness, and lice or pediculi are frequent causes.

Malaria, I believe, is a much more frequent cause than is generally believed. I formerly practiced medicine in Illinois, when the country was new and undrained. I saw a great deal of eczema and pruritus. Since the country has been drained and cultivated both malaria and eczema have almost entirely ceased. I was talking with an Illinois physician a few days ago and he told me he had but very little malaria or pruritus to treat.

The change of life is sometimes the starting-point of pruritus.

Damp and cold weather, or sitting upon a cold stone, will sometimes start a pruritus.

Some medicines, like turpentine and balsams, will cause the disease. I once saw a severe case of pruritus of the rectum brought on by a few large doses of quinine.

With the tertiary form of syphilis we are quite apt to have a pruritus.

TREATMENT,

The first object in the treatment is to remove the cause. Patients who have suffered from pruritus of the rectum for any length of time are run down, and our first duty is to build them up. I find Fowler's solution of arsenic an excellent tonic for this condition. We may also use the cod-liver oil, syrup of the hypophosphites, Maltine, iron, and the bitter tonics. If they are large eaters we must regulate their diet. If they use stimulants and tobacco they will have to stop their use. It is almost useless to attempt to cure a chronic pruritus of the anus and allow our patients to use alcoholic stimulants. I am not certain that tobacco is always detrimental, but I think it safe to dispense with its use. I am satisfied that tea and coffee are bad. Cleanliness must be insisted upon. Abundance of exercise in the open air I believe always to be useful. If we find sugar in the urine anti-diabetic diet and treatment must be used. If there is an excess of uric acid—and there almost invariably is—we must stop our patients from using meats and sugars and articles of diet which contain much sugar. If we find thread-worms we must get rid of them, and I find a few doses of calomel with santonine is good. Enemas of lime water, quassia water or even salt and water will destroy these pests.

The application of very hot water is

always useful. The best way to apply this is with a large sponge. Dip the sponge in as hot water as you can bear and hold it over the pruritic surface, frequently dipping it in the water. Keep this up for ten or fifteen minutes at bed time, and the patient usually will have a night's rest. If the skin is dry and hard washing the parts with tar water, or applying a tar ointment, will give relief. The spirits of camphor or the combination of camphor and carbolic acid as we have it in the Campho-Phénique, makes an excellent application. The ichthyol I find to be an excellent remedy to allay the itching. If there is much moisture we may dust the parts with calomel, subnitrate of bismuth, boracic acid or prepared chalk. Pond's extract of witch hazel is spoken of highly, especially by the homeopaths. A little pad of absorbent cotton or gauze absorbs the moisture and renders a patient much comfort. Dilute sulphurous acid acts very well sometimes. Chloroform does well sometimes. I have rendered patients a great deal of comfort by applying chloroform. Nitrate of silver, ten grains to the ounce, or dilute tincture of iodine, sometimes acts like a charm.

The following makes a very good ointment :

Carbolic acid,	gr. xxx.
Calomel,	3 j.
Tar,	3 iss.
Menthol,	gr. xx.
Oxide of zinc,	3 ij.
Simple cerate,	3 ij.

M. Ft. ointment.

Sig. Wash the parts with hot water. Spread the ointment on a cloth, apply and fasten on with a T-bandage.

If we have piles, fistula or fissure, they must be cured. If malaria, we must get it out of the system. If constipation or diarrhea are present they must be overcome. In fact, if there is any other disease which is producing the pruritus it must be cured.

It is well in using our constitutional treatment to use in combination local applications. The one helps the other materially sometimes. By persistence in the treatment of eczema and pruritus of the rectum and anus locally, and by removing the cause, there is no reason why they cannot be entirely cured. I believe they can be.

Room 30, Courier-Journal Bldg.

DR. KELLY'S CLINIC AT THE GOOD SAMARITAN.

It was with greatest anticipation that we looked forward to a visit from Dr. Howard Kelly, and it was with many regrets that we said good-bye. When it was announced that Dr. Kelly would hold a clinic and operate in our city, it is needless to say that the profession at large was deeply interested. The old amphitheatre at the Good Samaritan Hospital was filled with students from all colleges of the city, and many members of the medical profession embraced the opportunity to be present. Dr. Kelly gave much to think over, and his visit will be long remembered by us as pleasant and instructive.

The doctor requested that there be no demonstration, as the stamping of feet raises so much dust, which in turn prevents good asepsis. This is a fact well recognized by the profession, but it required constant vigilance upon the part of those present not to applaud so dextrous an operator. Dr. Kelly impresses one as a man of very decided opinions, and he expresses them fearlessly, but with a modesty that becomes one of his standing.

He wears rubber gloves and requires that his assistants do likewise, claiming results are better and asepsis more perfect; also that operators soon become accustomed to the use of rubber gloves, and needles can be threaded with the same facility as without them.

CASE I.

Retro Displacement of Uterus.—Before operating the doctor showed us his method of using the cystoscope and of catheterization of the ureters. The instruments needed are the urethral calibrator and dilator combined, the cystoscope and obturator. To alleviate any pain a 10 per cent. solution of cocaine is introduced into the urethra, but if the woman be very nervous or sensitive it is better to give an anesthetic. This patient was thoroughly anesthetized and placed in the knee-chest posture. The urethra was dilated, the cystoscope introduced, the bladder wall thoroughly examined and the left ureter catheterized. Dr. Kelly was only a few minutes making this examination, and his accurate catheterization of the left ureter was somewhat of a revelation to many of us, and while this procedure would be difficult to the

majority of physicians, it was mere child's play in the hands of one of such faultless technique.

The doctor showed us a little wire brush that he had invented for scraping off any diseased patches on bladder wall, and also explained his method of detecting a stone in the ureter, viz., by waxing end of catheter, and after introducing waxed tip into the ureter, if a stone be present the waxed end receives the scratch marks. To show with what ease all foreign bodies can be removed from the bladder, the doctor put some cotton into same and then very easily removed it through the cystoscope. After such a thorough examination of bladder and catheterization of ureters, the patient was then prepared for the operation for retro-displacement of uterus. A catheter was introduced into bladder so that all air could escape from the viscera.

Dr. Kelly then gave us a very interesting talk, at the same time making some explanatory drawings on the black-board of retro-displacements of the uterus. Since 1889 he has made over six hundred operations for this condition without a death, and in nearly all with satisfactory results. His method after opening the peritoneal cavity is to catch the posterior upper surface of the uterus, bring it forward and fasten to abdominal wall, using silk as the ligature. Silk sets up a certain amount of irritation, and this in turn will be followed by the throwing out of plastic lymph. When the table is lowered always be careful that all viscera be returned to their natural position. The abdomen was then closed by three sutures, first peritoneal, second fascia and muscle, and third the sub-cuticular suture, catgut being the ligature used. The sub-cuticular suture was used long ago, then fell into disuse, but was brought forward again by Marcy, of Boston, and Halstead, of Baltimore. It is often a question as to the position of the bladder after such an operation, and this was explained by the lateral expansion of the same.

The After-Treatment of Such Cases.—Bowels moved on third day, urine drawn off every six hours unless voided spontaneously, and then the doctor told of the benefit derived from a good, long rest in bed, not less than three weeks, and particularly if the woman be of a nervous temperament. If any temperature the third day

remove dressings, examine wound for hematoma, and gently press edges of incised wound, expelling any contained blood, and if temperature still continues in all probability a stitch-hole abscess is developing. Strong warning must be given to patients against hard work, straining or lifting heavy objects after being operated upon for retro-displacement of uterus. Dr. Kelly dwelt upon the uselessness of abdominal binders after ventro-fixation.

CASE II.

Mulatto woman, twenty-four years old, married, had one child. Present history of no decided chills, but creepy feeling over body, and patient described the existing pain as a misery over lower abdomen, and there is a daily elevation of temperature of two or three degrees.

Vaginal examination reveals a slight perineal and cervical lesion (the result of childbirth), and quite a large, boggy, fluctuating mass posterior to the uterus. By rectal examination the mass felt as large as a child's head. Diagnosis, pelvic abscess.

Dr. Kelly dwelt upon conservative treatment, and related the history of an interesting case, where perfect health followed puncture of cyst and gauze drainage. The more extensive abdominal operation can be made some weeks or months after the primary vaginal operation.

With two fingers in the rectum and two in the vagina acting as guides, a long pair of scissors is plunged into the fluctuating mass, the blades opened and a serous fluid escaped, but the doctor came upon a little pus after breaking down several smaller cavities, and holding some of the pus up on his finger, exclaimed: "My reputation is saved!" This was undoubtedly a tubercular cystic peritonitis which so closely resembled a pelvic abscess, from the history and examination, that it would have been almost impossible to differentiate the two conditions.

The question arose whether it was advisable to remove per abdomen the remaining diseased mass, and Dr. Kelly deciding it was proper to do so, he then explained his new operation, which he would now perform for removal of uterus and tubes, which I give in his own words.

"The steps are these: If the uterus is buried out of view, the bladder is first

separated from the rectum and the fundus found; then, if there are any large abscesses, adherent cysts or hematomata, they are evacuated by aspiration or by puncture; the rest of the abdominal cavity is then well packed off from the pelvis. The right and left cornua uteri are each seized with a pair of stout Museau forceps and lifted up; the uterus is now incised in the median line in an antero-posterior direction, and as the uterus is bisected its cornua are pulled up and drawn apart. As the uterus is pulled up and the halves become everted, it is bisected further down into the cervix. As soon as it is divided the uterine and vaginal ends begin to pull apart, and the uterine vessels, which can now be plainly seen, are clamped and tied. As the uterus is pulled still further up, the round ligament is exposed and clamped, then finally a clamp is applied between the cornu of the bisected uterus and the tubo-ovarian mass, and one-half of the uterus is removed. The opposite half of the uterus is also taken away in the same manner."

While Dr. Kelly was preparing for this operation the patient's condition became so alarming, her pulse so intermittent, that it was not advisable to proceed with the abdominal operation. The sac was packed per vaginam with iodoform gauze and 800 c.cm. of an infusion of salt solution was given the patient.

In conclusion, after such a delightful and instructive clinic, the doctor, in his courteous manner, expressed his thanks to the profession for their kind attention, and gave us a hearty invitation to visit him in his own bailiwick. This invitation, I am sure, will be accepted by many who were present, for after such a clinic full of instruction we all wish for more. M. A. T.

DR. E. M. FULLER, of Bath, Me., says that if the infants who suffer so much from "colic" are carefully examined it will be found that some of them suffer from a fissure of the anus. In boys a tight prepuce, in girls an irritation of the vulva will sometimes be found to be the underlying cause of distress.—*Journal of Medicine and Science.*

THYROID extract has proven of use in cancer of the breast and should be tried in every case of cancer and a report made.—*Journal of Medicine and Science.*

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SATURDAY, FEBRUARY 16, 1901.

A RAINY DAY.

"If any provide not for his own, and especially for those of his own house, he hath denied the faith, and is worse than an infidel."—*I Timothy, 5:8.*

Saint Paul was a logical lawyer, and knew the importance of caring for one another. To this limited extent it may be said he believed in combines and trusts, and his advice was mandatory in language.

In providing for one's own, and especially for those of his own house, there should be a facing and balancing of accounts, debits on one side and credits on the other.

A liquidation of debts is the first and most important thing for any man to do, if for just one reason—it is natural for every one to wish to stand well in the community in which he lives and with those with whom he has dealings. Therefore, for the one reason intimated a man should be careful of his credit, and strive to be known as a person who pays his accounts promptly.

It is astonishing—the moral effect of this plan of procedure in any neighborhood. Cash in hand is better than any man's credit. Spot cash commands the best cuts of beefsteak at the lowest market price. It commands the best skill in any occupation at the lowest rate, the best

dress patterns, and of everything else that is going and worth having. Therefore, the very first step in the way of following Saint Paul's mandatory advice is to arrange one's business so as to make all purchases on a strictly cash basis, and a physician can do this just as well as any other man. Debt is a potential slavery.

The other side of the day-book and ledger makes an exhibit of credits, or sums owed by others. On this side of the book there must of necessity be more elasticity, but it may also be made to square with justice. This elastic character comes from the inherent nature of the occupation of a physician. First of all, there are the obligations that cannot be shirked, pay or no pay; but there is a great deal of money annually lost to the profession because of a laxity in making prompt collections from those who are in ordinary and good circumstances. There is no assistant in this direction that is one-half so good and valuable as an established reputation upon the part of the doctor for paying as he goes for everything he buys. In a quiet way, without giving offense, he has a right to make it known to his patrons that he wants their cash in order to be able to obtain books, instruments and white bread and butter.

Then, again, a physician is not providing for his household after the mandatory manner of Paul's obligation if he lives from day to day in a hand-to-mouth fashion, be the living ever so good; but he must provide for old age and rainy days, as well as for those who are dependent upon him after he has taken his departure for the New Jerusalem. This obligation is generally recognized, as shown in the prosperity of life insurance companies and all sorts of benevolent orders.

In addition to these provisions, which are incalculable in the amount of good they do, a doctor is justified in being sufficiently ambitious to want to have a comfortable bank balance, which in turn

leads him to think of making some little investments. In this direction a little holding of real estate is always a desirable thing to have. In these latter days there are avenues and avenues beyond count where legitimate investments may be made. In former years building associations absorbed much of the surplus earnings of professional men. Savings banks and trust companies are their successors. For their soundness and stability the doctor has to depend upon his own judgment, and however good this may be, there will be occasional errors and mistakes made in diagnosis, but, in the main, men are honest and conduct the business in which they are engaged in, in an honorable way.

Mining companies are attracting more and increasing attention. The mines of Colorado yielded to those who delved in them last year the fabulous sum of more than ninety millions of dollars, and they are far from being exhausted. A little venture in this direction is entirely justifiable. In this relation a physician's ventures should never be such that he would need to borrow or in any way tax or strain his credit. Railway and steamship companies have stock and subscription books open to him. These should be gone into, if at all, with surplus earnings, and never from borrowings. In this class of investment securities there is much to fascinate, because, if fortunate in strikes, the profits are very large. There is a chance that amounts to speculation, but where the speculation does not encroach beyond a surplus in hand it is entirely justifiable. The markets of the world are all influenced by what is termed speculation. A venture to open a mine and bore into the earth until pay ore is reached is a perfectly justifiable venture, and one that has greatly enriched individuals, the nation and the world.

The Merchant Marine of the United States is striding forward over all the

oceans with the rapidity of a giant Colossus. A little venture of surplus collections in this direction is exceedingly attractive, even fascinating. It is believed by the writer that investments of this character will and do go a long distance in stimulating physicians into adopting better business habits, and to an attuning their lives into a closer connection with the great business world. At the same time they stimulate a following of Saint Paul's mandatory injunction—"If any provide not for those of his own house, he hath denied the faith and is worse than an infidel."

CHRONIC SIGMOIDITIS.

The alimentary canal is more subject to disease at the site of flexures and contractures than elsewhere. The colon having a number of flexures is particularly prone to inflammation; of its flexures the sigmoid is the most frequent seat of chronic inflammation. This condition is characterized by frequent stools composed of feces with mucus, pus or blood; pain or soreness in the lower abdomen is sometimes present. In short, we have chronic diarrhea.

A patient having frequent stools of several weeks' duration ought to have the rectum and lower sigmoid visually examined. This is done by placing the patient in the knee-chest posture and ballooning, with air, the rectum by introducing a cylindrical speculum. By reflected light the congested or inflamed mucous membrane of the sigmoid is noted. If no growths or fistula are encountered, the case is very likely amenable to treatment.

Various methods of treatment are in vogue. Washing out the colon with medicated large enemata has been of value in many cases, but has its objections. Enemata have a natural tendency to keep up a diarrhea even if they do thoroughly cleanse the bowel of irritating matter; they, if so large as to distend the colon,

and continued for a long time, may induce dilatation of the colon and later constipation; they are a decidedly inconvenient method of treatment for many patients.

The injection of iodoformized oil through a Wales bougie into the sigmoid is a favorite method with a few. We are not particularly in love with this method, as it is no easy matter to introduce any kind of an instrument well up into the sigmoid, even if there was no danger attached to poking a bougie into that organ.

Some few physicians balloon the rectum and lower sigmoid and spray daily or every other day, the lower sigmoid with a solution of nitrate of silver, with the same instruments and in the same manner that the nose is treated. This method requires sometimes several weeks of treatment. Only the lower part of the sigmoid can receive this treatment.

Drugs without number have had their day—some fairly good, but most of them of no value. Of all drugs we have great confidence in only one, and that is subgallate of bismuth given in ten- or fifteen-grain doses three times a day and persisted in for one or two months. With this drug there is no need of restricting the diet except to forbid those fruits which have a marked tendency to loosen the bowels. Prescribe the bismuth in bulk, and order the patient to take half a thimbleful at a dose. J. A. J.

EDITORIAL NOTES.

PRIZE ESSAY ON THE DANGERS FROM QUACKERY.—The Colorado State Medical Society offers a prize of twenty-five dollars for the best essay, if deemed worthy of the prize, pointing out the dangers to public health and morals, especially to young persons, from quackery as promulgated by public advertisements.

The competition is open to all. Essays must be typewritten in the English lang-

usage, and submitted before May 15, 1901. Each essay must be designated by a motto; and accompanied by a sealed envelope, bearing the same motto, and enclosing the name and address of the author. The essay receiving the prize will become the property of the Society for publication. Others will be returned on application. Essays should be sent to the Literature Committee, Room 315 McPhee Building, Denver, Col.

Restoration of Motility in Joints Which Have Been Ankylosed.

Chlunsky (*Centralblatt f. Chirurgie*, No. 37, 1900) begins his article with the remark that we have up to date been in possession of no effective method of reme-dying ankylosis with contraction. The author reasons that the insertion of soft tissues between the ends of fractured bone leads to a pseudo-arthrosis and therefore that the same substance in a joint cavity must prevent ankylosis. In a large joint it is practically impossible to introduce the desired amount of soft tissue, so he tried foreign substances. He resected the hind knee-joints of dogs and rabbits and fitted over the ends of the long plates of celluloid, silver, zinc, rubber or collodion; in every case the motility of the joint was preserved. The animals were killed from three weeks to four and a half months later and the affected joints found to be intact. The rubber and celluloid plates were found in good condition, while those of silver and zinc were worn out. Seeing that these plates had accomplished all that was desired and fearing that they might in future lead to unpleasant complications, the author decided to replace them by resorbable material. In another series of experiments he used magnesium, with the same satisfactory results, and the additional gain that at the end of eighteen days the magnesium had been absorbed.—*Courier of Medicine*.

AFTER about two thousand experiments on animals, English investigators have decided that dilute hydrocyanic acid is the quickest and most efficient antidote to chloroform poisoning. A full dose should be dropped from a drop-tube on the back of the tongue.—*Journal of Medicine and Science*.

Current Literature.

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The Significance and Pathology of the Argyll-Robertson Pupil.

Wilfred Harris (*British Medical Journal*, September 29, 1900) makes the following points: Though the Argyll-Robertson pupil is chiefly seen in locomotor ataxia and general paralysis, it may be found in many other diseases. It should be looked upon as an almost certain sign of antecedent syphilis, either congenital or acquired. The author has seen it in juvenile locomotor ataxia and general paralysis with marked evidence of congenital syphilis, in progressive muscular atrophy, in lead-poisoning, aortic aneurysm, hemiplegia, syphilitic meningitis, atactic paraplegia, nuclear ophthalmoplegia, choroiditis, and in numerous instances in patients who presented themselves with all manners of symptoms, but showing no signs of ataxia or anesthesia, and with normal or even brisk knee-jerks, but in almost every instance with a clear history of syphilis. It seems most probable, in the absence of direct pathologic evidence, that the Argyll Robertson pupil is due to sclerosis of the non-decussating Meynert's fibres on one or both sides, according as the loss of light reaction is unilateral or bilateral, rather than due to any nuclear degeneration.—*Courier of Medicine*.

The Cost of Crime.

Mr. Eugene Smith, a well-known writer in sociology, recently read a paper before the Prison Congress, at Cleveland, O., in which he made an attempt to estimate in dollars and cents the cost of crime. As Mr. Smith pointed out, it would be a great mistake merely to take the cost of maintaining the prisons, police and the criminal courts as the measure of this cost. The problem is much more complicated, for this charge affects almost all items of public expenditure, directly or indirectly. For instance, the expenses of the executive and legislative, as well as judicial branches of government, are chargeable in a certain proportion against crime. The militia also of a State is supported in part as a guard against riot and disorder. Finally, the

cost of maintaining public charities is largely to be charged against law-breakers. The enormous sums spent in this way are, according to Mr. Smith, at least double what they would be if there were no such thing as crime.

According to the *Evening Post*, the author arrived at his estimates by analyzing the statistics of certain large American cities. In New York the outlays, in 1899, which might be charged wholly to crime, were \$12,988,804. These outlays were for the Department of Correction, District Attorney's Office, Police and the Courts. To these are to be added a large proportion of the expenses of the sheriff's office—at least \$7,789,259—making a total of more than \$20,000,000. As the total tax-list of the city is \$90,000,000, it thus appears that crime entails almost one-fourth of this burden upon the public. From this and similar analyses in New York and other cities, Mr. Smith estimates that the annual cost of crime for each citizen is \$6 in New York, \$5 in San Francisco, and in some other cities named from \$3 to \$3.50.—*Philadelphia Med. Journal.*

Fetal and Infantile Typhoid.

Morse (*Archives of Pediatrics*) sums up a valuable article as follows:

The serum reaction occurs in infantile as in adult typhoid. There are no data as to whether or not it occurs in fetal typhoid.

The agglutinating power may or may not be present in the blood of infants born of women with typhoid. If present, it is transmitted from the mother to the child through the placenta. It is possible, however, that it may be formed in the child in response to toxins transmitted through the placenta. The agglutinating principle can pass through the normal placenta. Part of it, however, is arrested in the passage. Whether or not it is transmitted seems to depend on the strength of the agglutinating power in the maternal blood and the length of time during which the placenta is exposed to it.

It may be transmitted to the nursing through the milk. It may appear in the infant's blood in less than twenty-four hours. It lasts but a few days after the cessation of nursing. It is always weaker in the milk than in the maternal blood, and always weaker in the infant's blood

than in the milk. This weakening of the agglutinating power is due to the obstruction to its passage in the mammary gland and in the nursing's digestive tract. The chief factor governing transmission is the intensity of the power in the maternal blood. A subordinate but important factor is some unknown condition in the digestive tract. If the power in the maternal blood is weak and the obstacles great it may not be transmitted.—*Memphis Med. Monthly.*

Vegetables as Medicine.

Asparagus is very cooling and easily digested.

Cabbage, cauliflower, Brussels sprouts and broccoli are cooling, nutritive, laxative and purifying to the blood, and also act as a tonic; but should not be eaten too freely by delicate persons.

Celery is delicious cooked, and good for rheumatic and gouty people.

Lettuces are very wholesome. They are slightly narcotic, and lull and calm the mind.

Spinach is particularly good for rheumatism and gout, and also in kidney diseases.

Onions are good for chest ailments and colds, but do not agree with all.

Watercresses are excellent tonic, stomachic and cooling.

Beetroot is very cooling and highly nutritious, owing to the amount of sugar it contains.

Parsley is cooling and purifying.

Turnip tops are invaluable when young and tender.

Green neute shoots, if gathered in spring and cooked as spinach, form a most delicate and wholesome blood-purifying vegetable.

Potatoes, parsnips, carrots, turnips and artichokes are highly nutritious, but not so digestible as some vegetables. Potatoes are the most nourishing, and are fattening for nervous people.

Tomatoes are health-giving and purifying, either eaten raw or cooked.

Chili, cayenne, horse radish and mustard should be used sparingly. They give a zest to the appetite, and are valuable stomachics. Radishes are the same, but are indigestible, and should not be eaten by delicate people.

Cucumbers are cooling, but are indigestible to many.—*Public Health Journal.*

Translations.

MEDICINE AND MORALS OF ANCIENT ROME ACCORDING TO THE LATIN POETS.

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

I.

Lyric, Elegiac, Epic and Didactic Poets.—Ovid, Horace, Catullus, Tibullus, Propertius, Virgil, Lucanus and Lucretius.

HORACE.

Where was this little cottage at Tibur that witnessed so many joyous fêtes. We find its plan and description in his epistle to Quintcius.

"Imagine, thou, he writes, "a chain of mountains divided only by a valley full of freshness; at the right the sun shines radiant at its rising; at the left it is full of colors in its dying rays. If the climate is delicious it is none the less fertile. The trees are loaded with plums, and there are dogberry bushes under which the sheep find abundant nourishment, while the master of the house has a thick shade. Thou mightest say all the verdure of Tarento is transported here."

It is there where Horace lived! It was there he ate his cool things in summer and his warm things in winter, with some old friend or young mistress; it was there he knew all the joys of an easy and voluptuous life, convinced that the treasures of kings added nothing to human happiness, if the stomach acts well and if the feet and belly are in a good condition.

"Si ventri besi, si lateri est, pedibusque tuis, nil
Divitiae poterunt regales addere majus."

Still his stomach and his feet—always arthritic—that appeared to Horace as an enemy that besieged him, as a rule, and disturbed his happiness.

In this same epistle Horace shows us the degree of cleanliness that was in vogue among the Epicureans. He recalls, in fact, Torquatus, and we may have confidence in this report. "He watched that his bed and mattress should always be

immaculately clean, 'ne turpi toral.' Table cloths and napkins were very white so that they did not inspire disgust.

"Ne sordida mappa corruget nares"—to the end that the marks of cups and plates were never seen.

"Ne non et cantharus et lanx ostendat tibi te."

Generosity was also one of the grand qualities of Horace. It was necessary to allow the boar's meat to be rancid—

"Rancidum aprum laudabant,"

says he, because, were it served fresh and whole, the voracity of men left nothing for the convivial who might happen to drop in late. It was in this idea that he desired from the Pythagoreans the precept: It is not necessary to put out the lamp because it is always necessary to be ready to receive a guest. And it is not necessary to sit down on the bushel basket because you want to keep something over for the next day.

In all his writings we find proofs of his elevated sentiments. The poet was kind-hearted to both his rich and poor friends. In his epistle to Iccius, he admires Democritus who permitted his neighbors' flocks to ravish his fields and even his garden, while disengaged in things terrestrial his spirit traveled in space.

"Miramur, si Democriti pecus edit agellos
Cultaque dum peregre est animus sine corpore
velox."

On this point he showed, as we see, the ideas of the Platonists upon the functions of the soul. The latter, in meditation, truly detached their minds from their bodies in order to raise themselves above earthly questions and to more clearly view objects they wished to study.

Is it not curious, to see this man, who took a part in all human enjoyments, who sometimes appears to us as a materialist, high liver, an amiable Epicurean, raise himself like the poets into ethereal spheres that genial intelligences move in, and leave to us a philosophy and precepts that are eternal truths?

As a disciple of Epicurus, he thought that the fruit drawn from philosophy has in it nothing to admire—that is to say, nothing to fear.

"Nil admirari prope res est una."

He knew, like the stoics, how to receive

without pride and to give back without pain, *cuncta resigno*. One of his precepts was that it was necessary to measure by the ell, *metiri quemque suo*—a precept that was written on the walls of the Temple of Delphi by Chilo. Finally, as a patriot, he has left us this sublime sentence—

“Dulce et decorum est pro patria mori.”

Although always conscious of the value of his works, Horace was modest. The advice he gives in his book to those who ardently aspire for the honor of publicity is the proof. He saw the disillusionments that awaited him; the reader would close the book if it wearied him; it would be praised when it might attract by novelty; it would later on be worm-eaten and gnawed by granary rats in some corner; it would be used to wrap up merchandise. But, perhaps, it might be honored in its old age and be read by the pupils of the school.¹ This appeared to be all his ambition.

“Hoc quoque te manet ut pueros elementa docentem

Occupet extremis in vicis balba senectus.”

Behold, Horace, then, talking like an Epicurean, but in reality a free thinker, taking what he deemed good from the Stoics, the Pythagoreans and all of the other philosophic sects. It was thus that he vaunted to Numicius the worth of virtue and a contempt for grandeur, because all that is raised to-day will eventually be destroyed, and that hidden in the earth will again see the open day. The genius that presides over this evolution, or, better, this revolution, is Time.

“Quidquid sub terra est in apricum proferet ætas.”

Before him Sophocles had said that “Time raises that which is hidden and buries that which is raised.” This is a lesson for those who live only for the glory of arms and the honors of politics, but that cannot be addressed to great men whom work has immortalized. In his

¹ Besides the celebrated schools that were found in the finer quarters of Rome, in which learned professors explained to their followers the best Greek and Latin authors, there were small schools at the extremity of the streets where children went in order to learn how to read.

dialogue with a peevish fellow who annoyed him with idle questions, Horace interrupted him by asking: “Hast thou a mother or relatives to whom your health is dear?”

“No,” he replied, “I have buried them.”

“So they are happy,” said Horace, “and I am under the knife. So! executioner, I touch on that fatal moment that was predicted for me in infancy by an old sorcerer of Samnites, after moving his horn about, ‘this child,’ said he, ‘need not fear poison, the steel of an enemy, and he can defy pains in the side, cough and dropsy, but beware of blabbers! If the child is wise he will avoid such when he comes to the age of reason, for such a one will some day leave him for dead.’”

This sorcerer was deceived; it was excesses, those of the table and passion that injured him. His slaves one day reproached him, for Roman customs gave them the right to criticise their masters without fear of punishment. “For me to gourmandize,” said a slave, “is often fatal, because my poor back often suffers.”

“But thou, art thou less punished, when thou eatest those delicate flavored meats bought at a high price? As many as the foods with which thou fillest thy stomach sours beyond measure and thy staggering feet refuse to carry thy body sapped by its intemperance.”

Some years later our poet became hypochondriac, and would revert to the years that had taken flight, years that had ravished him with their gayety, love, feasting and the play. Now even poesy fain would fail him. His slave reproached him constantly—reproached him for sighing after the country when he was in the city, and longing for Rome when in the country. His humor changed. When he was not invited out he ate vegetables with all the respect for the prescriptions of hygiene. His slave said to him: “Thou vauntest of the morals of thy ancestors, but if we take thee at thy word and propose to lead thee back to them, thou wouldest not consent. Thou canst not be convinced that life is happy with a pure

¹ Independently of blows from a staff with which slaves troubled with gluttony were rewarded, they marked on their bellies with red hot iron, as they marked fugitives on the feet and thieves on their hand, and burnt the tongues of talkative slaves.

and virtuous morality. Thou fightest against adultery but sometimes thou lovest thy neighbor's wife—

"Te conjux aliena capit."

It is a wise man who has empire over his sentiments and the courage to resist his passions."

Meantime the season of love, of lilies of the valley, and roses approached the end. Yet we see our poet sending his slave to tell Neera, the seductive Spanish singer, to perfume her hair with myrtle and come quickly, too.

What a change! Horace in his decline unable to write odes to Pyrrha, Lydia or Venus. Love was now a simple physiological affair to him, the heart with the head cold—

"'Tis only the trembling of the flesh,
The soul is no longer afire."

"I have less health in mind than in body," Horace wrote to Celsus. "I wish to bear or know of nothing that will relieve me. I am impatient with the physicians and against my friends who cannot cure this languor (*Veternum*, a species of hypochondriasm, very well described under the name of *Stolidum Veternum* in the ode, "*Ad Coloniam*," of Catullus). I continually go after what I know injures me, and avoid all I know to be salutary; finally, like a weathercock, at Rome I wish to be at Tibur and when at Tibur I desire to return to Rome."

The malady from which Horace suffered was senility; his gouty diathesis assisted at that period of cachexia; the organism commences to discover it is incurable. It is at this period that Musa, his physician, made him cease using the sulphur waters of Baia, and sent him to Salerno. Some years more elapse, the poet's organs lose their activity, his strength grows weaker, his teeth fall out, and his skin is dry and wrinkled. This is the physiological hour of life, when poets, more than any other class of men, think they perceive all the physical and moral infirmities of women. Horace was no exception, and indulged in brutal tirades against the fair sex. Horace had now become a materialist—this elegant poet!—that's all. So his last odes were abuses of the Musettes and Lydias, of whom, in youth, he had chanted the praises.

(To be continued.)

Book Reviews.

**

The Obstetric Clinic. By E. GUSTAV ZINKE, M.D.

This little work of 120 pages was issued by the author, as he states in his preface, for three purposes: First, to make the students fully acquainted with the rules and regulations of the clinic; second, as an obstetrical guide; and third, to give a brief historic sketch of the science and art of obstetrics. The "Obstetrical Clinic" is dedicated to the former Dean of the Medical College of Ohio, and throughout its pages it deals with the teaching of Professor Zinke, first as assistant then as professor of obstetrics at the Medical College of Ohio.

The book begins with the duties, the rules and regulations of members of the clinic. These two chapters are of interest to third-year students and to teachers of obstetrics. This is followed by a chapter on bedside instruction, which is of especial interest to the beginner and worthy of careful reading. Then follow chapters on the diameters of pelvis and fetal head, diagnosis of fetus in utero, mechanism and management of labor. The management of labor is by far the most instructive chapter in the book. Students can gain a vast amount of information by reading this work carefully, as much obstetrics is condensed in so few pages, which we consider its only drawback.

In conclusion, the author takes up a brief historic sketch of the science and art of obstetrics, which is well written, and very interesting, especially to graduates of the Medical College of Ohio. This work differs with many of the smaller works dealing with obstetrical subjects in its originality, its characteristic phrases and its intense zeal for good obstetrics. We do not find a dull page in Professor Zinke's book, and while many may differ from some of its teachings, on the whole it deserves a permanent place in our libraries.

M. A. T.

Transactions of the Mississippi Valley Medical Association. Twenty-sixth annual session, held at Asheville, N.C., October 9, 10 and 11, 1900. Vol. II. Printed for the Association.

Under the skillful, guiding hand of Dr.

Henry E. Tuley, of Louisville, the excellent Secretary of the Mississippi Valley Medical Association, there comes along a handsome volume of transactions, containing some thirty-eight papers besides the business records of the Asheville meeting.

This organization is a fair second to the American Medical Association in character, size and importance of its labors. The season of the year at which the annual meetings are held is exceedingly favorable. The next convocation will be held at Put-in-Bay, Ohio, and just a month earlier in the season than last year. The change of date is justified because of the meeting place being in a north latitude, and because it will be just prior to the opening of medical college sessions, which is a matter of much importance. Scores of men actively engaged in medical college work cannot well get away from their educational duties, even in answer to the attractions of an association like this, unless the dates of the meeting are adjusted to suit their convenience. This year that has been done, and the place of meeting is ideal—on an island in Lake Erie, in a first-class

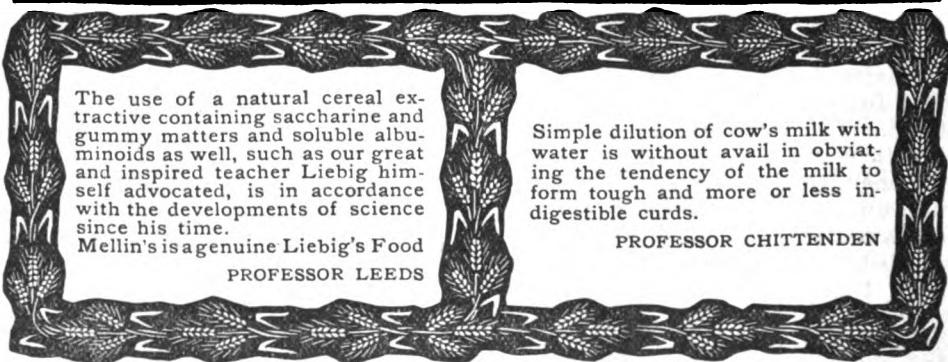
summer resort hotel that has excellent accommodations for more than a thousand guests at one time, which has entered into a hard-and-fast agreement with the Association for an all-round rate of three dollars per day for room and board.

The reception of the annual volume of transactions reminds one of the fleeting of time and an approach of another gathering of the clans. It is arranged for bass biting during the first and second weeks of September in the vicinity of Put-in-Bay.

Bromide of Strontium for Epilepsy.

Dr. Anthony Roche in the *Lancet*, after four years' use of the bromide of strontium in epilepsy says he has yet to see a case in which the number of attacks has not been diminished, and no bad after-effects have followed. This, he thinks, is due to the fact that strontium is not poisonous even in large doses, while potassium is. He gives large doses of bromide of strontium—half a drachm in some vegetable tonic infusion night and morning, and even increases the amount if necessary.—*Journal of Medicine and Science.*

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The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

FEBRUARY 23, 1901.

WHOLE VOLUME LXXXV.

SUPRA-PUBIC CYSTOTOMY FOR TRAUMATISM, WITH PERINEAL DRAINAGE.*

BY J. G. CARPENTER, M.D.,
STANFORD, KY.

Dr. Willard Parker, of New York City, proved himself a benefactor when he advised and performed median perineal drainage for chronic cystitis in the male. Drs. Simms and Emmett equally blessed humanity when they gave to the world urethro cystotomy in the female, and Drs. deFranco, Roussetus, Douglass and Thornhill were the first to do supra-pubic cystotomy, with the illustrious pioneers in surgery to blaze the way in the wilderness of pathology.

It is easier for one to follow, if he knows anatomy, pathology, and makes the proper use of the diagnostic compass, and does not ignore the anatomical bearings and promptly recognizes the one or more things needful to be done, and done quickly, at the proper time—done early under short anesthesia, quick, skillful, life-saving surgery, with a minimum of shock, under asepsis and perfect hemostasis.

We must not forget that delayed surgery too often means death; that "procrastination is the thief of time"; that prolonged surgery gives a high death-rate; that it is the last feather that depresses the beam; that in bladder, as well as abdominal, thoracic and brain surgery, it is the early diagnosis, early preparation of the patient, early surgery in conservative and wise, skillful hands, that brings ten, fifty, or a hundred-fold of recoveries in bladder surgery; surgery done for examination and cure at the first, second, fourth, sixth, or twelfth hour that brings the golden triumphs to the operator.

Again, it is better to operate eighteen, twenty-four, or forty-eight hours after injury, and save one life, than be a coward

and withhold surgery at a late hour and lose all cases.

While surgeons and specialists in the city condemn and damn the general practitioners in the country, I am here to uphold the latter, and sing their praises in anatomic, pathologic and diagnostic lore and treatment, and their ability to prognosticate the exact surgery to be done by the operator. The wide-awake, up-to-date country doctor is a giant in his profession, though he be short of stature and minus the avoirdupois of some city brethren.

Again, let us remember that conservative, skillful, not ideal, surgery saves life; that ideal surgery kills. That it is the last straw that breaks the camel's back, and that an ounce of prevention is worth more than a four-horse load of post-operative treatment, anxiety and unrest. Sir Joseph Lister, through antisepsis, deserves more credit for the resuscitation and re-introduction of successful supra-pubic cystotomy, as well as other old and neglected operations; Garson and Peterson, by ballooning the rectum in epi-cystotomy, gave renewed surgery and attention to this operation.

The great, grand and illustrious Dr. Hunter McGuire has made his name immortal through epi-cystotomy, and the tea-pot spout drainage in chronic cystitis of old men. Peace and rest to his spirit, love and adoration for his name! At rest with the great Physician.

November 23, 1850, Professor Parker operated at Bellevue Hospital on a case of chronic cystitis in the male. He says the object in view was to open a channel by which the urine could drain off as fast

* Prepared for the Tri-State Medical Society, Chattanooga, Tenn., October 12, 1900. The essayist was professionally detained at home until too late to attend the meeting and present the paper.

as secreted, and thus afford rest to the bladder—the first essential indication in the treatment of inflammation. ("Emmett's Principles and Practice of Gynecology," 1880, page 744.) In 1556 Pierre Franco, or de France, was the surgeon who first performed the operation of supra-pubic cystotomy, but he deserves no credit as its inventor; while Roussetus, its real inventor, never performed it.

Roussetus was the greatest physician of his day, possessed of an insight and knowledge which came near to being genius, and yet he states: "However, I do not advise any man to do the like." Roussetus knew of Franco's operation, and sharply censured him for dissuading others from following in his (de Franco's) footsteps, while he (Roussetus) sensibly combats the generally received opinion that wounds of the bladder were necessarily fatal. Finally, he elaborated the operation which he recommended by experimenting on the dead body of a dog.

And this operation is to all intents and purposes the operation as it is performed to-day. De Franco's determination was great, his skill remarkable, his success brilliant, his efforts heroic and a triumph in pioneer surgery, yet he repudiated his achievement, and lost lustre as an originator. Cheselden gives Douglass the credit of being, if not the inventor, surely the first man that ever practiced supra-pubic cystotomy upon living bodies.

In February, 1722, Thornhill, of Bristol, England, did his first supra-pubic cystotomy. "Thornhill was first surgeon to the Bristol Royal Infirmary (1737) and was the most conspicuous surgeon of his day in Bristol. He was highly prosperous, somewhat of a dandy, almost independent of his profession, a brilliant operator, but apparently careless of his reputation, and following independently the brunt of his genius, that was clearly somewhat erratic." One cannot avoid the conclusion that Thornhill was in his own time, and indeed for a century and a quarter, the best exponent of supra-pubic cystotomy. (See page 667, "Abdominal Surgery," Greig Smith.)

About 1777, Frere Come, or Cosme, a well-known enthusiast of Paris, is said to have performed supra-pubic cystotomy on nearly one hundred patients and with almost uninterrupted success.

It would be a surgical sin not to mention

the bladder surgery of two distinguished Kentucky country surgeons in connection with supra-pubic cystotomy. First, but not least, is Dr. Benjamin Dudley, of Lexington, Ky., who did 225 lithotomies with only three deaths, and without anesthesia. He was not only a great surgeon, but a great physician. He prepared his patients well for operation—rest in bed, free purgation, corn bread and mush, laxatives (water and milk, the best diuretics), the free use of soap and water or hot-water baths. He was scrupulously clean in person, morals and clothes, and kept his patients clean, and in surgery made free use of soap and hot water. In truth he was really the predecessor of Mr. Lawson Tait and Dr. Joseph Price in aseptic surgery.

In 1850 Dr. John Craig, of Stanford, Ky., began his surgical career as an ovariotomist, walking in the surgical footsteps of Dr. Ephraim McDowell, and achieving as great success as he, aided by his country colleagues and medical students in these stupendous operations, and done in the village and farm-house, without hospital antisepsis, but much cleanliness—asepsis. As a lithotomist Dr. John Craig was a great success, and the calculi given the writer by his heirs are mementoes for his skill as a bladder surgeon. Dr. Samuel D. Gross, Jr., said of him: "He is the greatest surgeon I ever saw on Kentucky soil."

In addition to the three supra-pubic cystotomies, two for traumatism and one for urinary infiltration, and a number of internal urethrotomies, the writer has had personal experience as chief or assistant operator in five lithotomies, with one combined lithotrity, perineal route, and two litholapaxies, with recoveries of the patients.

CASE I.

Supra-pubic cystotomy for pistol-shot wound, No. 38. Patient a young man, twenty-three years old; former health, also family history, good. Gun-shot wound of bladder; ball entered through sacro-sciatic notch, entered the bladder through right side, one-half inch above the base of trigone; wound of exit an inch above the base of trigone, left wall. From this point the bullet could not be traced. Dr. St. John Joseph B. Graham, of Savannah, Ga., then of Crab Orchard, Ky., and the

successful and distinguished editor of the *Georgia Journal of Medicine and Surgery*, coöperated with me in the operation, and did valuable surgery. I was the medical attendant, and on being called to see the patient catheterized the bladder, found bloody urine, advised surgical measures, which were refused until eighteen hours after injury. At midnight exploratory supra-pubic cystotomy was done, the bladder was washed out with hot boracic solution through a metallic catheter, and it used to elevate the interior bladder wall. The lips of the bladder were fastened by suture to the abdominal wound and cavity of bladder explored with finger and light reflected from a head mirror. The wounds of exit and entrance were found, rubber drainage-tubes were inserted into the bullet wounds and fastened to abdominal wounds for drainage. No. 12 rubber catheter passed in urethra for constant drainage, thereby hoping to keep the bladder empty; but in place of the catheter by urethra for drainage, a median perineal urethrotomy should have been made, supplementing the supra-pubic. The bladder drained nicely, urine kept normal, no pus showed itself, the bladder and wounds were washed, irrigated about every six or eight hours with the hot boracic solution, and dressed antiseptically. At the sixtieth hour peritonitis set in, but free purgations with fifteen grains of calomel aborted it. Patient seemed to be making a happy convalescence, when tetanus set up on tenth day, and on the fourteenth the patient passed into the "great unknown." Too much praise for faithfulness cannot be said of Dr. Graham for his earnest and skillful attendance in this case.

In reviewing the surgical treatment we had these regrets, viz., we had to do eleventh — rather eighteenth — hour bladder surgery for traumatism, and had to operate in a country farm-house at night, had only two lights from bad lamps, and one of these went out when about half through the operation. Had we used median perineal drainage instead of urethral with the supra-pubic cystotomy, we might have had better results. There was constant pain in sacro-lumbar region, back numbness and tingling in thighs, legs and feet, the ball doubtless having injured the spine.

Again, we saw the wonderful effects of free purgation by calomel and salts in aborting peritonitis, as described by Mr. Tait.

CASE II.

A man, forty-five years, had a stricture of the deep urethra. Was operated on by his doctor by internal urethrotomy. Patient had retention of urine, with urinary infiltration forty-eight hours after the operation. The essayist was called in consultation, and to do a secondary operation, which proved to be supra-pubic cystotomy with median perineal drainage. The writer had hoped to do conservative, life-saving surgery, but was defeated, and had to be satisfied with palliative surgery. Patient succumbed in forty-eight hours after last operation, but the operation was a blessing in comfort and freedom from pain and rest to the parts, and satisfactory to patient and family. The perineum, sacrotum, and supra-pubic space for three or four inches was distended, swollen, tender to touch, discoloration a bluish-black.

Upon incision these tissues contained ammoniacal urine, acrid pus, and extensive cellulitis. The perineum, sacrotum and supra-pubic space communicated freely with each other. The bladder was drained by large catheter, extending from supra-pubic wound through the perineum (sacrotum and supra-pubic space drained and surgically dressed).

The supra-pubic cystotomy was done without a staff in bladder, or balloon inflation of rectum. The section was done with a bistoury, two hemostats, two sponges and tenaculum; the pre-vesical fat dissected with handle of scalpel; the bladder caught with tenaculum, raised, opened with scalpel, cutting towards the symphysis pubis; the lips of the bladder were caught with hemostats, then sutured to supra-pubic wound; fixation catheter placed in epi-pubic wound and bladder through the perineal one; through-and-through drainage given the parts, and wounds antisep-ticised with hot bichloride, and the swelling, distention and acrid urine removed and inflamed parts given rest.

Conclusions.—Bad subjects for operation; eleventh-hour surgery; deep urinary infiltration within the triangular ligament, which extends deeply and travels rapidly to the pelvic cellular tissue and hypogastric region, and generally proves fatal, especially when operation is delayed.

Whereas, urinary infiltration outside of triangular ligament is superficial, forces its way to skin of perineum and scrotum,

ends in abscess with necrobiosis of skin, perforation and drainage either in single or multiple fistulous openings.

CASE III.

A strong, vigorous young man was kicked by a horse in the hypogastric region with one foot, the other under and against the symphysis pubis, and catching the pelvis between the bone and the foot of the horse, fracturing the urethra at junction of the pendulous and membranous urethra; the laceration was quite extensive. By contraction and retraction of the lacerated urethra, and traumatic inflammation at this point, the urethra became impervious to the passage of urine, and also the catheters or bougies.

Forty-eight hours after the injury the patient was turned over to Dr. J. F. Peyton and the writer by medical attendant for surgical treatment. The hypogastric, scrotum and perineum, and upper third of the thighs, were tender, tumefied and highly discolored. The surgical indications were evacuation of the bladder to prevent rupture and ease pain, to arrest or prevent urinary infiltration, arrest traumatic inflammation by through-and-through drainage, and antisepticise the tissues. Combined supra-pubic and perineal median cystotomy were done without a staff or ballooning the rectum; the epi-pubic operation done as in abdominal section, the pre-vesical space dissected with handle of scalpel, bladder caught with hemostats, guided by finger, the bladder opened with bistoury, the lips of wound sutured to abdominal incision and a large fenestrated catheter introduced into bladder from above, through the perineum and fastened.

Patient stood operation well, reacted nicely, and made a complete and happy recovery. Temperature never over 100.5° F., pulse never over 100. About two weeks after the operation the urethra was repaired by external urethrotomy and catheter kept in urethra until the wound had healed; the supra-pubic wound had also healed, and the perineal wound kept open for drainage until the wound of the pendulous urethra had healed.

Patient was a married man, and since his recovery finds no difference in the functions of the generative organs, except that they have been improved by skillful, life-saving surgery, and the organs injured

have been more prized since the injury than ever before.

These operations were done in a farm-house without hospitalism, and patient made a complete recovery; both life and organs saved and repaired by skillful country surgery, under aseptic and anti-septic precautions, without a trained nurse. Yet in the right kind of a private hospital would be a better place to do surgery than in a farm-house or general hospital, where badly trained nurses and incompetent young internes give the after-treatment of wounds, as a rule, and not the surgeon; the latter gives the proper treatment in his private hospital.

Bend, do not tie, penis when bladder is distended; cut down, not up, in opening the bladder in supra-pubic cystotomy. Feel for knot of urachus, cut below, toward neck, no danger of wounding peritoneum. Danger of over-distending an ulcerated, attenuated or sacculated bladder; in supra-pubic cystotomy, if necessary to cut open the peritoneum, it should be done, then the incision repaired after the pathological condition has been removed.

Epi-cystotomy should be done to remove calculi, foreign bodies, tumors, for stabs, gun-shot wounds, rupture of bladder, for drainage of an inflamed bladder, for the passage of urine when the natural channel has become obstructed by stricture, growth or traumatism, and for urinary infiltration combined with or without median perineal external urethrotomy. The question may arise, "Shall epi-cystotomy or a litholapaxy of Biglow be resorted to?" The operation of election for stone in the bladder is Biglow's, but the stone may be too hard to crush, or the crushing process may be attended with danger from the flying sharp fragments, injuring the vesical walls, or to prolong the operation might endanger the patient's life.

Stone may be too large to crush by any instrument per urethram.

In children it may be impossible to pass in instrument of proper size on account of the urethra. Again, the size of stone and condition of patient may demand a rapid cutting operation, and epi cystotomy would be the operation of election. Furthermore, there may exist in the aged man a stone paralysis of the bladder, with retention of urine and sacculation, with contraction of bladder and diminution of its size and capacity. In a case like this

the writer used the perineal cystotomy as better than epi-cystotomy on a man sixty years of age, in the year 1885. In another case similar to this, without paralysis of bladder, but in a man fifty-five years old, who had chronic cystitis and a large calculus, with a large perineal abscess of prostate, the left lateral perineal cystotomy with lithotripsy was done on account of size and hardness of stone, and to evacuate the abscess and get the best drainage for this case.

With a calculus and an hyperplastic prostate and prostatic abscess the question resolves itself not into Biglow's, but epi-cystotomy or perineal lateral cystotomy, with or without crushing.

In children and the adult, and in men even of fifty-five or sixty years of age, all things being equal, epi-cystotomy is preferable to perineal on account of the latter too often being attended with stricture of urethra, perineal fistula or sexual impotence. In epi-cystotomy these sequelæ are obviated. Stones of two ounces and over are best removed by the supra-pubic method; prolonged anesthesia for crushing and evacuation in the old and enfeebled patients is full of danger, and contra-indicates the Biglow, but gives preference to the supra-pubic.

Besides, large stones, encysted stones, are best removed by the supra-pubic route. In doing bladder surgery let us remember we must do conservative, life-saving surgery; that ideal surgery, as well as prolonged anesthesia and prolonged surgery, kills the patient.

In bladder surgery the operation should be one of election, each case being a law unto itself. The mortality between supra-pubic and perineal is about equal. The former will meet in skillful hands the greatest number of pathological conditions, give more relief to patient and greater success to the surgeon. Again, it can be converted into an abdominal section if the case demands it without loss of time.

For polypus, papilloma, removing hypertrophied lobes of prostate, foreign bodies, drainage in cystitis, for urination when the natural route is obstructed, for cure of perineal fistula that cannot be otherwise cured, the supra-pubic is the best, safest and most successful.

By it the bladder cavity can be explored both by finger and eye, and an operation at night. The light from the head-mirror

illuminates the cavity of bladder beautifully. The expert surgeon will not need a guide in the bladder, nor bladder distended, nor rectum ballooned to press forward the anterior bladder wall. With one bistoury, two sponges, two hemostats, one tenaculum, one needle and suture, the supra-pubic operation should be done successfully. Other instruments will be needed to meet the various pathological lesions as they arise or exist.

Supra-pubic cystotomy, like abdominal section, should be done for a pathological lesion and its removal, and not as an exploratory measure. In children the peritoneal fold never descends below the upper margin of pubis, and often rises a few lines higher with a distended bladder. The fold will rise according to the degree of distention, from two to two and a half inches above the pubis; but a space of one and a half inches is sufficient for all practical purposes. It is clear that in children at least there is no difficulty whatever, with moderate distention of the bladder, in avoiding the peritoneum. (Greig Smith.)

Rectal ballooning does good in the removal of vesical growths by pressing forward and upward the posterior bladder wall. In distention of the bladder what would be sufficient in one case would be contra-indicated in another, owing to the capacity of the bladder and the diseased condition within. Attenuated at one or more points by over-distention or ulceration, predisposes to laceration or perforation from over distention. With a proper fitting soft rubber catheter to urethra, inserted into bladder, and distal end attached to fountain syringe, the adequate amount of hydrostatic pressure can be used by elevating or lowering the reservoir containing the fluid, *each case being a law unto itself*. When possible the urine and bladder should be antisepticised before and after operation, but in most epi-pubic operations the bold, skillful surgeon will not need the hydrostatic distention of bladder.

One must not forget to keep in the mesian line and avoid large veins in the pre-vesical space, especially those from the dorsalis penis. Again, it may be necessary to divide transversely the thick fascia forming the linea alba close to the symphysis pubis; also divide transversely the recti muscles if the resistance is so

great as to interfere with rest of operation. By doing this the space is much enlarged for successful work.

It must be remembered that the peritoneum never passes the urachus; that it is safe to go as high as this point. It may be felt as a tense cord or knob inserted at the summit of the bladder. Thornhill gave this practical point one hundred and fifty years ago. The bladder, after it is opened, can be held by fixation forceps, or sutured to wound, as is deemed best by operator, for further intra-vesical examination or operation with finger tips. After the bladder is opened one or two fingers in the rectum to lift up the posterior vesical wall may be of the greatest service. As in abdominal, pelvic and brain surgery, hot water forms the surgeon's best agent in bladder surgery. When the bladder is healthy and the wound aseptic, the bladder wall may be sutured and get primary union, but when the bladder tissues are thickened, inflamed, edematous or engorged with blood, no attempt should be made at suturing the bladder wound. Again, it may be good surgery to sew the bladder wound to the abdominal one. If primary union cannot be had we should get aseptic healing by granulation; the wound should be drained or not, as the case demands, and patient kept scrupulously clean.

In conclusion, every doctor should practice medicine as a general practitioner ten to fifteen years before becoming a general or special surgeon or specialist, and should serve not less than six or twelve months' apprenticeship with an able, skillful and illustrious teacher and operator, and be properly prepared and equipped to do successful, skillful, life-saving surgery in the one or several lines of specialism.

The essayist is much indebted to Drs. Otis and Greig Smith for valuable information in genito-urinary surgery; also, Drs. Wyeth and Nicholas Senn.

KOFMAN has succeeded, after experimenting, in producing anesthesia of the extremities by simply applying a tourniquet. If the operation is a felon on the finger or removing a toe he applies the tourniquet at the wrist or ankle. The method is applicable to any operation below the ankle or the knee, the tourniquet being simply applied for a few minutes above these joints.—*Journal of Medicine and Science.*

ALCOHOL.

BY GEORGE B. ORR, M.D.,
CINCINNATI.

Much has been written about alcohol, but a little more may not be without profit. Chemistry tells us that the old term alcohol originally indicated but one substance (ethyl alcohol), but is now applied to a large group of substances which may be looked upon as being derived from hydrocarbons by replacement of one, two or more hydrogen atoms by hydroxyl.

Any hydrocarbon may be converted into an alcohol radical by removal of one or more hydrogen atoms: Methane, $C\ H_4$, for instance, is converted into methyl, $C\ H_3$, which, upon combining with hydroxyl, forms methyl alcohol.

Alcohols are not found in nature in a free or uncombined state, but generally in combination with acids as compound ethers. Some plants, for instance, contain compound ethers mixed with volatile oils. The triatomic alcohol glycerine is a normal constituent of all fats or fatty oils, and is therefore found in some plants and in most animals.

Alcohols are often produced by fermentation (ethyl alcohol from sugar), sometimes by destructive distillation (methyl alcohol from wood); again, alcohol may be obtained by treating hydrocarbons with chlorine, when the chloride of hydrocarbon residue is formed, which may be decomposed by alkaline hydrates in order to replace the chlorine by hydroxyl, when an alcohol is formed.

While the above methods for obtaining alcohol are of scientific interest, there is but one mode of manufacturing it on a large scale, namely, by the fermentation of certain kinds of sugar, especially grape-sugar or glucose. A diluted solution of grape-sugar under the influence of certain fermentations (yeast) suffers decomposition, yielding carbon dioxide and alcohol.

By distilling the fermented liquid an alcohol is obtained containing large quantities of water; on distilling this diluted alcohol a second and third time, collecting the first portions of the distilled liquid separately, an alcohol is obtained containing but little water.

These last quantities of water, amounting to about 14 per cent., cannot be removed by simple distillation, but may be separated by mixing the alcohol with half

the weight of calcium oxide, which combines with the water to form calcium hydrate, from which the alcohol may now be separated by distillation.

It is this thing called alcohol that the druggists, pharmacists and chemists now use, and have used for years, to extract the curing properties of plants.

Without this thing, called alcohol, we would never have had the two powerful anesthetics, known as ether and chloroform—the two chemical agents that after a few minutes' inhalation of either of them will permit the surgeon to cut off a limb without the slightest pain being felt by the patient.

It is this thing called alcohol that is the principal ingredient of all wines and liquors known as alcoholic beverages or drinks, and it is this same alcohol that gives the effect so much sought after by those who drink these so-called beverages.

To show you that it is *much* sought after, note the following :

There is produced in the United States in one year *twenty-four million gallons of wine, ninety million gallons of distilled liquors, and thirty-five million barrels of beer.*

There is consumed in one year in our country alone over *one billion gallons of beer, and one hundred million gallons of distilled liquors and wines.*

What becomes of it, the following will show :

The adult population of the United States is about sixty millions, so this would average about sixteen gallons of liquor for each man or woman.

Most of this is consumed by the poor, who, in consequence of money being spent for liquor, suffer for the lack of food, shelter, clothing, etc.

Dr. F. W. Harmon, Medical Superintendent of the Longview Insane Asylum at Cincinnati, says that alcohol is the cause of *insanity* in about 15 per cent. in those admitted to that institution.

Chaplain D. J. Starr, of the Ohio Penitentiary, says that there have been received (sentenced) since January 1, 1900, 684 prisoners. Of these, by their own statements, 404 are intemperate; 401 pleaded guilty on trial, and 79 state that they committed the crimes directly through the influence of intoxicating liquors.

There are about eighty-five thousand criminals and seventy-five thousand

paupers in the United States, costing us millions of dollars a year, and this is brought about either directly or indirectly by the use of alcoholic drinks.

I have gathered from several sources these figures (possibly not perfectly accurate) on the *mortality* from alcohol, or from its action directly or indirectly.

Deaths in Cincinnati for the year 1899, about 400.

Deaths in Chicago for the year 1899, about 1,000.

Deaths in Philadelphia for the year 1899, about 1200.

In one of the principal medical centres in Germany, where about 3,000 post-mortems are made in a year, it was found that structural changes had occurred in various organs, caused by alcohol in about *one-fourth* of them, and to such a degree that death resulted therefrom.

Prof. Horsley exhibits a comparison of the power of the nervous system in the natural state and when under the influence of alcohol by estimating the amount of work done in a given time under each condition.

The time occupied by the nervous system in observing and recording the simplest thing is called "the reaction time," and is so appreciable that in all minute and accurate records astronomers have to measure their reaction period, and to account for it.

The method of measuring the reaction time, in all forms and varieties, had been very largely employed by Prof. Kraepelin, whose investigations had been so thorough and complete that they explained the somewhat contradictory results obtained by Warren and other observers, and had established on a thoroughly scientific basis the direct influence of alcohol on the higher centres of the brain. The effect was that very speedily after taking the dose of alcohol the reaction time was shortened, but this shortening—that is to say, this apparent quickening of the cerebral act—lasted only a few minutes, and then marked slowing set in, and for the rest of the time during which the alcohol acted, varying from two to four hours according to the individual, the cerebral activity was diminished. The diminution was shown by a noteworthy lengthening of the reaction period; in other words, it took longer for a person, who had taken a small quantity of alcohol to think.

My own observation is that the primary action of alcohol is to stimulate the nervous system; secondly, to obtund and stupefy; thirdly, if increased in quantity, to partially paralyze, and if pushed beyond certain limits the paralysis becomes so profound that *death* is liable to occur.

Alcohol, whisky or brandy, if taken in a sufficiently large quantity in one drink, will just as surely *kill* as will strychnine, arsenic, prussic acid or morphine.

The appetite for alcohol, or alcoholic drinks, is not hereditary; it is acquired.

Alcohol has been a boon to few and death to many, or about in the proportion of good to *one* and harm to ten thousand.

Many persons will say, why did the Almighty create these things from which alcohol is derived, if it does so much harm? I say to you that God did not create these things for that purpose, but for *food*; it is through the ingenuity and knowledge of chemistry possessed by man that it has been produced.

It has its proper place in the world, like everything else; as a medicine in proper cases, and in proper quantities, it is a remedy of great value; it should never be found elsewhere than in a *drug-store*, and should never be dispensed excepting on prescription of physicians, and such prescriptions should never be refilled.

We have the poisons of the deadly *bubonic plague*, of *yellow fever*, of *cholera*, of *smallpox* and *tuberculosis*, but they all pale into insignificance by comparison to the destruction to life from alcohol. Hundreds of thousands die annually from its use.

If the people will take advantage of these *facts* and *abstain* from using it, it will be the means of saving hundreds of thousands of lives every year. Our penitentiaries, workhouses, asylums and hospitals will have fewer occupants; millions of families will be made happy that are now miserable—most unhappy, and frequently absolutely desolate.

It would have been far better for the world had science never discovered alcohol.

BARIE recommends the following to prevent falling of the hair: Mix seventy-five drops of hydrochloric acid in five ounces of alcohol, and rub the scalp with it every night.—*Journal of Medicine and Science*.

LA GRIPPE.

BY CHAS. P. KING, A.B., M.D.,
NEWARK, O.

As this disease has assumed an epidemic form in many of our larger cities, the death-rate is appalling in the extreme. Nor is its ravages confined to any portion of our country; the smaller cities and towns as well are suffering from its ravages. It is estimated that there are over a hundred thousand cases of this disease in the city of Chicago alone; other cities are suffering in a like proportion. Some two years ago this disease prevailed throughout our country in a most malignant form, and thousands of our best citizens were swept into untimely graves, as it seemed to resist all medical skill. The disease is becoming much better understood than formerly, and as a consequence the mortality has been very much diminished. With the view of throwing out some practical hints as to its pathology and treatment, we have taken up our pen.

This disease must not be confounded with what is commonly known as our ordinary cold, for it is entirely different from it in every respect, having a separate and distinct organism of its own. It has received many names, the most common being influenza, or la grippe. It is of French origin, and means "to seize." We think it well named, for when it does seize upon a person it gives him a terrible grip. The Germans call it blitz-kataarh. It has been known in Europe ever since the fifth century, and generally sweeps over a country from east to west. In the recent universal epidemic it traveled from St. Petersburg to New York in about six weeks.

Its etiology is shrouded in mystery, although it is the generally accepted theory among scientists that it is bacterial in its origin. We think it is beyond question infectious, and spreads by atmospheric influences. The experience of most physicians will bear me out in this statement. Some investigators claim that it is highly contagious, and is capable of being carried from place to place and from person to person. We do not concur in this opinion with regard to its contagious nature. It attacks persons of all ages and conditions, although children are more apt to be exempt. The micro-organism seems to have an especial affinity for the mucous membranes of the respiratory

tract with which it comes in contact, and in course of time it seems to take hold of the entire body, every organ suffering more or less from its effects. In the catarrhal or pulmonary form there is in the onset a sense of chilliness along the spine, in some cases a regular chill, with high fever, sore throat, frontal headache, sneezing, pains in the limbs, and various parts of the body, particularly in the thoracic region. Symptoms of pneumonia in many cases occur; it is estimated that fully 40 per cent. of these catarrhal cases of influenza have a typical pneumonia, severe cough, with dyspnea and tightness of the chest, soreness about the eyes, coryza, and all the symptoms of a bad cold. The pulse ranges from 100 to 120, usually full in volume. The liver and stomach soon become involved in the malady, and these organs seriously complicate the case. In the gastric form of the disease there is usually nausea and vomiting, with great pain through the alimentary tract as well as the respiratory tract. In fact, there is not an organ of any importance in the whole body which does not sooner or later become more or less affected.

This disease is always accompanied with great prostration, and hence its great danger. There is no disease which requires a greater degree of medical skill to bring it to a successful termination. The disease, by proper treatment at the very onset, can be so modified as to be almost aborted. If not properly managed it is liable to grave complications; even in mild cases the tendency is towards prostration and nervous shock, both of which very materially debilitate the patient and render his case very grave. Hence the importance of procuring the very best medical skill from the very commencement of the malady.

Where there is much acute bronchial irritation, with great pain in chest, the following formula is a good one:

R Ammon. chlor.,	3 ij.
Potassæ chloras,	3 j.
Tinc. ferri chlor.,	3 ij.
Syr. simple.	
Aquæ, aa,	3 j.

M. S. Teaspoonful every three or four hours.

If the throat is dry and hard a 10 per cent. solution of peroxide of hydrogen may be used as a spray to the throat.

Quinine is the best germ destroyer we have for the microbe of influenza. In cases where the pain in the head is almost

unendurable we combine it with antikamnia or phenacetine and salol. The following is a good combination:

Phenacetine,	3 i.
Salol,	5 ss.
Quinia sulph.,	3 i.
M. Ft. capsules, No. xxx.	
S. One every two hours.	

These remedies should be given under the direction of a competent physician, as their effects need watching. Mustard applied to the chest is an admirable local counter-irritant. What is most needed in these cases is an antithermic, analgesic to relieve the pain and reduce the temperature. Stimulants are advisable in very many cases where there is great physical prostration. The diet should be light and easily digestible. By careful attention and avoidance of exposure, together with the line of treatment we have mapped out, the great majority of cases will recover. The most important thing to do in the treatment of this disease is to meet it at the very threshold, and by judicious treatment its malignancy can be aborted. There is an old medical maxim—"aborta principis"—stop the very beginnings of disease: Every medical man knows its importance in the management of disease.

It is to be hoped that the time is not far distant when this disease, now somewhat obscure in its origin, will come to light and be amenable to treatment. Possibly some more subtle power even than the microscope will be discovered that will give us the power of scrutinizing diseased conditions and of finding out the agents so stealthily engaged in bringing the human machine to misery and premature death.

JUST Now.—It is a matter of common observation that many cases of bronchitis will persist in spite of the continued, varied and judicious use of expectorants. "The cough," says one prominent physician, "hangs on, harasses the patient with its frequency and severity, and is exceedingly liable to occur every winter—to become a regular 'winter cough'—with its sequelæ of emphysema, asthma and, ultimately, dilatation of the right heart."

Dr. Milner Fothergill, of London, insisted that cough of this character is due to lack of tone, not only in the general system but in the blood-vessels of the bronchioles. This authority demonstrated that the only successful method of treating this form of cough is by means of appropriate systemic and vascular tonic medication. It is particularly in this class of cases that Gray's Glycerine Tonic Comp. has gained a most enviable reputation.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
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DR. J. C. CULBERTSON,
317 W. SEVENTH STREET, CINCINNATI, O.

SATURDAY, FEBRUARY 23, 1901.

ERRORS IN DIAGNOSIS.

The science of surgery has made rapid strides during the last decade, but still surgeons lack many signs and symptoms whereby a positive diagnosis can always be made. One of our latest text-books even says in the preface that surgery is still in a transition stage, and this we know as an exact statement of facts. Errors in diagnosis are constantly made, because we have not been able to probe into the workings of nature with that degree of assurance that would warrant perfect diagnosis in surgery. It is often by earlier mistakes that surgeons gain a knowledge of the healing art, that cannot be learned from the perusal of volumes of books or from listening to lectures by eminent physicians. Experience is a dear teacher, and while it is a bitter one and a hard master, it teaches kindness, humility and less self-praise to the majority, and especially to the younger members of the profession.

It was only last week that we had the opportunity of seeing one of our profession of unsurpassed reputation make a mistake in diagnosis before a large assemblage. To every practitioner it is some comfort to know that all (with and without international reputations) are human,

and liable to err in diagnosis; and while this is not offered as an excuse for our many shortcomings, yet it is a lesson and a stimulator to better and more earnest work, with the hope that fewer mistakes will occur in the future.

All students admired the late Dr. Frederick Kebler (of our city) for his kindness of heart, his willingness to give ear to our views, and his diffidence in pronouncing a positive diagnosis. All knew him as a student, a keen observer, noting many signs of disease that were obscure, and never forcing his opinion upon any of his associates, always answering, when asked, that in his humble opinion such and such was the diagnosis. The writer has heard many of our foremost physicians relate errors in diagnosis, and has known of many cases where errors were made, but he has also known of the skillful handling of cases by these same physicians and of many patients who have gone forth singing praise with thankfulness in their hearts. The surgeon who is always positive, who never errs in diagnosis, generally adds to his list of accomplishments the story of *always recovered*. This is one who should be feared and shunned by the profession at large, for his relating of cases and cures always savors of a lack of truthfulness.

It is often by our mistakes (and many of them grievous ones) that we learn humility, seek for further knowledge and give proper deference to the opinion of our *confrères*. All honor to the physician or surgeon who (no matter how learned he may be) has the bravery to acknowledge to his consultant that he has made a mistake. It is the work of the unscrupulous to cling to a diagnosis when they know they are wrong.

The pompous, positive professor who, being called in consultation, assumes that he is the only one of importance present, who utterly ignores the opinion of his brother-practitioner, cannot be too severely

criticised, and the names of such men should be brought before the medical society as worthy of expulsion. Nothing is so disgusting to the profession as the always-positive surgeon or physician, and when he is carefully analyzed we find him to be a hater of ambitious young men and jealous of the success of his neighbor practitioner. The writer has had some (not much) experience with positive diagnosticians, and, realizing how disagreeable it was, will try in the future to let such infallibles alone.

M. A. T.

SLEEP WITHOUT DRUGS.

In the *Journal of the American Medical Association* for February 15 appears the offer of a cash prize of a hundred dollars by Dr. J. B. Learned, of Northampton, Mass., for the best essay on the induction of sleep without drugs. A prize could be offered for no more worthy object. It seems as though the physicians of the present day have run wild on the use of the newer hypnotics, believing them, as regards their after-effects, harmless, or at least as not inducing habit. Yet the more frequently the drug is taken the more the patient comes to rely upon it for the production of sleep. Sleep due to drugs is more than anything else the cause of insomnia. In certain acute diseases, as typhoid, where insomnia is common, particularly during convalescence, the use of trional or sulphonal for a week or two is not especially deleterious; nor would these drugs, or even opium, be contra-indicated in diseases necessarily fatal and attended by pain and wakefulness; on the contrary, in these latter diseases, where suitable exercise cannot be taken or any other rational effort to induce sleep be tried, the use of drugs is beneficial, in that the relief of pain and the induction of sleep will go a long way toward recuperating impaired vital energy. It is in that large class of cases, unhappily on the increase, the insom-

nias of business cares, of burning the candle at both ends, of neurasthenia, melancholia and kindred neuroses, where the individual is up and about and the condition more or less chronic, that the greatest harm is being done. It is becoming far too common for the physician in such cases, after satisfying himself that no organic disease of particular moment exists, to prescribe a "harmless hypnotic" and "come around and see me in a week or two," and then trot briskly away to the next victim. In melancholic subjects in particular the writer has seen this daily, or rather nightly, drug-unconsciousness succeeded in a few weeks by a deeper melancholia, fixed ideas, a general condition of apathy, a most pronounced constipation relieved only by free catharsis, often by the appearance of hyaline and granulo-hyaline casts, and by a marked deterioration in the blood, all leading to diminished nutrition—just the thing the physician is trying his utmost to avoid. By exercise, both active and passive, the use of electricity and hot and cold baths, insomnia can frequently be overcome. A brisk walk in the evening, followed by a hot bath and then a light meal, will often bring about a refreshing sleep; if sleep depends upon an anemia of the brain, the resolution of blood to the abdomen, as after eating, will necessarily take away some blood from the brain and consequently be of service to the desired end. Very properly, the treatment must depend to a considerable degree upon the cause of the insomnia; thus in Bright's disease with high arterial tension, perhaps complicated by a mitral incompetency, insomnia is by no means uncommon, and usually responds promptly to small doses of nitroglycerine; and there are many other equally striking examples. The haphazard, hit-or-miss production of drug-unconsciousness is being greatly overdone and is rapidly becoming a positive menace to society. Dr. Learned's offer is most

apropos, and it is to be hoped will be met by many responses that will be made the common property of the profession, and help to bring some order out of the chaos now reigning.

M. A. B.

EDITORIAL NOTES.

INFLUENZA OR GRIP.—The following request is made by the Surgeon-General of the Marine-Hospital Service:

To Commissioned Medical Officers and Acting Assistant Surgeons of the Marine-Hospital Service, Secretaries of State and Local Boards of Health and Other Sanitarians:

It is respectfully requested that a report be sent, as soon as practicable, to the Marine-Hospital Bureau as to whether influenza or grip is prevailing in your respective localities. It is desired also to have the type of the disease, the number of cases when possible, mortality and treatment, sanitary and medicinal, with as full statistics as possible. In addition to present conditions, a statement is also desired as to the date, even though approximate, of the appearance of grip and the estimated number of cases to date of report.

This information is desired for publication in the Public Health Reports for the information of all.

Respectfully,
WALTER WYMAN,
Surgeon-General, M. H. S.

THE Western Ophthalmologic and Otolaryngologic Association will meet in its next annual session in Cincinnati, April 11 and 12. A fine programme has been arranged and the medical profession are cordially invited to attend the sessions. Dr. C. R. Holmes, of Cincinnati, is Chairman of the local Committee of Arrangements. Dr. M. A. Goldstein, of St. Louis, is the President, and Dr. W. L. Ballenger, of Chicago, is the Secretary.

IN catarrhal troubles (nose or throat) with hypersecretion use powdered phenacetine locally as snuff or solution.—*Journal of Medicine and Science.*

"What are you going to call your new office building?"

"I think I'll call it the 'Serial,'" on account of its continued stories."—*Philadelphia Record.*

Translations.

MEDICINE AND MORALS OF ANCIENT ROME ACCORDING TO THE LATIN POETS.

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

I.

Lyric, Elegiac, Epic and Didactic Poets
—Ovid, Horace, Catullus, Tibullus,
Propertius, Virgil, Lucanus and Lucretius.

CATULLUS.

Catullus was the friend of Cicero and Cornelius Nepos; he came to Rome while he was yet young and was raised under the tutelage of Manlius. He was rich, amiable and handsome, endowed with robust health, so necessary for the gay life he led and for the fatigues that always follow sleepless nights of wild debauchery.

Despite his vices, Catullus was a charming poet; one finds among his works a large number of pretty poems that escaped from his muse in the double drunkenness of love and wine. One of the most severe critics of the eighteenth century remarks: "His poesy has no words in it that are not precious jewels, but it is as impossible to analyze it as it is difficult to make their translation. Those who can explain the charm in the looks and smiles of a winsome woman might possibly be able to explain the enchantment of the verse of Catullus." His epigrams do not, unfortunately, resemble his elegiacs, and passing from one to the other is like going from the perfumed boudoir of chastity to the atmosphere of an infected lupanar. But we physicians, are we not accustomed to this sort of antithesis? The physiologist ever interests himself in that presented to his observation. If in his madrigals there is not much for commentation from a scientific standpoint, we may still find some exquisitely polished literary gems, that are the property of a world that will ever admire the beautiful. Works of literary art will ever be admired by the scholarly physician.

We need dwell but briefly on his amours

and only smile at the happiness that so delighted Lesbia—

"*Passer, deliciae meae puellæ.*"

Hidden in her bosom we will not even point the finger of shame at the poet, nor hear his amorous sighing when he says :

"*Vivamus mea Lesbia, atque amemus
Rumoresque senum severiorum.*"

"Let us live, let us love, my Lesbia,
Contempt for the old and jealous murmurs;
'Tis only youth that life enjoys;
Can they enjoy it better than we?"

"If on the restless breast of the waves
The sun dies at night it wakes at morn;
'Though from the cruel world we depart,
Ever remember there is a tomorrow."

But his Lydia was not even faithful. Gallus says of Roman womankind, their hearts are ever inconstant.

"*Fœmina natura varium et mutabile semper.*"

And our poet remarks : "Lesbia swears she prefers me to the entire world, but she would e'en disdain the homage of Jupiter. For the oaths of women are written on the wings of the wind, upon the crystal of the foam-tipped waves of love's ocean.

"*Sed mulier Cupido quod dicit amanti,
In vento, et rapida scribere oportet aqua.*"

The medicine of Catullus need be but briefly mentioned as his allusions to the healing art are infrequent. Catullus has dedicated one of his odes to "The Country," in recognition of a cure he found there when suffering once from a bad cough. "O fields of my father," says he, "it is to thee I owe relief from that catarrhal fever and that distressing cough, by means of rural rest and an infusion of nettles."

"*Hic me gravedo frigida, et frequens tussis
Quassavit, usquedum in tuum sinum fugi,
Et me recuravi otioque et urtica.*"

It is not so very long since that we used the seeds of a certain species of nettle (*urtica urens*) in medicine for diseases of the chest. The syrup of nettle was likewise once a remedy for hemorrhage of the lungs and certain accidents of pulmonary phthisis. This is nothing new. The ancients likewise were acquainted with the virtues of alimentary plants.

Martial lauds the aphrodisiac properties of onions, as much by reason of their

taste as by reason of their excitant qualities. So he remarks : "If thine member has lost its vigor, thou canst do no better than to eat of onions." He also says of truffles, that after mushrooms they are the first fruit of the earth.

Ovid praised, on his part, the shallow of the white variety found in many of our gardens (*Allium Ascalonicum*), and after it another strong aphrodisiac, i.e., *herba salax*. Before quitting this subject, let us recall the fact that in one of his odes to Lesbia, Catullus alludes to the famous silphion that grew in the perfumed fields of Cyrenis—

"*Laser piciferis jacet Cyrenis.*"

On account of its agreeable odor some writers think that he mentions benzoin.

To the number of aphrodisiacs it is necessary to add satyrion, which, according to Pliny, was a stimulant to carnal appetite. The Greeks held that this root, when merely held in the hand, excited amorous desires, and that the effects were even stronger when it was taken as an infusion in wine. It was for this reason that the ancients gave it to bulls and rams when these animals aged. The excitement created by satyrion, or, as it is vulgarly called, "standard grass," was allayed by honey water and an infusion of lettuce. It is this same plant that Apuleius, the physician, called *priapiscon*, or *testiculum leporis*, that is known at the present day under the name of *satyrium hircinum*, a variety of the orchid family, that grows in moist situations and exhales a strong, goat-like odor. The ancient Greeks gave the general name of satyrion to all kinds of drinks that might exalt sexual desires.

Dr. C. Castel in his poem, "*Les Plantes*," Paris, 1797, tells us that lazer (*lazantium* or *silphium*) was a famous plant in times of antiquity, that for a long period has escaped modern investigation. This plant only grew in Libya, near the Cyrenaica, and was stamped on its monies. It was forbidden, by a public ordinance, from being exported from the country. After a time, however, the Cyreneans relaxed their severity; but as the plant could only be raised with great difficulty on any other ground, and also lost its medicinal qualities, the gum of Cyrenaica, kept up a high price in commerce. It sold at its weight in silver. It

was preserved in the public treasuries with all other very precious materials.

History informs us that Cæsar carried off fifteen hundred pounds of lazer from the treasury of Rome when he forced it after the flight of Pompey. This medicament was used internally as well as externally. Use was also made of various parts of the plant; the stems boiled and then baked under ashes was a very mild and efficacious purgative; the root, made in infusion, was an antidote for poison; the leaves, dressed as a salad, strengthened the stomach and perfumed the breath.

Catullus had very curious notions regarding pregnancy and the signs of virginity. In one of his heroic pieces, "The Wedding of Thetis and Peleus," he facilitates the happy couple. "Dear maid," he says to Thetis, "give thyself up to thy husband who adores thee. Tomorrow at dawn thy curious nurse will laugh at being no longer able to gird thy swan-like neck with the collar of virginity."

"Non illam nutrix orienti luce revisens
Hesterno collum poterit circumdare filo
Currite ducentes subtemina, currite, fusi."

Roman matrons claimed by this sign they could recognize pregnancy in the newly married.

There was yet another method of knowing the virginity of girls. The throat was measured by means of a ribbon. Afterwards the young person suspected took the two ends of the magical band in her teeth. If the head passed through the loop of this collar it was a certain sign that the girl was no longer a virgin.

Cabanis, in his "Rapports du physique et du moral de l'Homme," states that the first sexual connection causes a general swelling of all glandular localities, notably of the breasts and the anterior portions of the neck. Present day physiologists, generally, admit that the sudden swelling of the neck in young girls is one of the signs of defloration.

Let us now examine a few of the epigrams of Catullus. In one against Egnatius, the poet says: "Thou hast beautiful teeth and a mouth ever smiling with laughter. Meanwhile thou art not a Sabin, Etruscan or native of any Italian province in which they rinse their teeth with pure water."

"Si Urbanus esses, Sabinus, aut Tiburs,
Aut Transpadanus, ut meos quoque attingam
Aut quilibet, qui puriter lavit dentes."

And the poet maliciously adds, "Thou art a Celtiberian, a native of that country in which the inhabitants remove the tartar from their teeth every morning with the liquid vulgarly known as urine. Though thy teeth be white, they betray the disgusting method by which thou hast utilized thy night chamber."

It will be seen that Catullus did not admire urine as a dentifrice. Curious fact that both Strabo and Diodorus state that the Spaniards, in ancient days, cleaned not only their teeth but even washed their bodies with urine, deeming the habit healthful.

The odor of rheumatism is noted in one of the epigrams of Catullus, who mentions an individual with gouty rheumatism who every time he made love exhaled the fetid odors of podagra. Thus does the poet class love in the etiology of rheumatic gout.

As before remarked, these epigrams of Catullus are for the most part, as regards medicine, too erotic for translation. The poet died aged forty-six, in the year 40 B. C.

(To be continued.)

Treatment of Pertussis.

Whooping-cough is one of the conditions for which thousands of drugs and combinations have been suggested without the most gratifying results for any of them. This therapeutic failure is possibly accounted for in the fact that the pathology and etiology of the condition are still somewhat obscure. The treatment with carbonic acid gas, administered per rectum, was first suggested by Bergeon, while Rose and Norton have experimented with it considerably. C. L. Kerr (*Pediatrics*, November 15) reports the results of treatment of seven cases with this method. Almost invariably the daily number of paroxysms was markedly decreased, though the course of the disease was not affected. There was a tendency to diarrhea due to mechanical irritation. No other untoward effect was noted.—*Chicago Clinic*.

ALL things considered trional seems to be the best hypnotic to use in insomnia, and it is best given in some charged alkaline water like Vichy or some carbonated water like charged Poland.—*Journal of Medicine and Science*.

* * *

Current Literature.

* * *

"Luke, the Beloved Physician," and the Family Doctor.

Luke was the beloved physician because his was a life of self-sacrifice. No true young man can enter the medical profession without the truest and purest of motives. On every hand sacrifices will be demanded of him.

In the first place he must spend years and years in preparation. The young doctor has to go through school, college—has to take a post-graduate course; has to spend his time in the hospital; has to take his day of small things, for no one wants a young doctor.

At last he comes into his practice at thirty-five years of age.

If you estimate the expenses of a physician's education and the amount of money that as a young man he could have earned during that twenty years of apprenticeship, every physician's education cost at least \$20,000. And the years of reaping the financial harvest are very few, even at the best.

Then the greatest discoveries a physician makes he can never use for private gain. Fortunes have been created out of threads and spools and yeast and sewing machines and pins and penholders and screws and tacks and brakes. Anything you may invent can be patented. But all the great discoveries of the medical profession must be given to humanity as a free gift. The bacteriologists have revolutionized the treatment of diseases, but the bacteriologist would starve were he not supported from some other means than his discoveries.

Then estimate the amount of attendance a doctor gives. Some of the finest surgeons of this city can be found at the operating tables of the county hospitals. If I am willing to let one of my children be taken before a class of students, I can have that child operated upon by a surgeon free of charge—by one who was asked to be the attending surgeon of the Czar of Russia. I allude to Dr. Senn, the pride of the Middle West.

Then think of the irregular hours of a physician. A doctor's wife is never sure of her husband. When a young girl

marries a physician she is not absolutely sure that he will be at the wedding. The physician is at everybody's beck and call. He must go into houses reeking with contagion. He must face dangers as great and even greater than ever a soldier faced upon the battlefield, and he has just as often been a martyr to duty.

Are we going beyond our right in declaring that no true young man ever enters the medical school without the truest, purest, noblest and most self-sacrificing of motives?

The physician becomes an adopted member of the family. If there is a wedding, the old family doctor is there to join in the festivities, because he was the first one to welcome the bride into the world and lay the baby into its mother's arms. If there is a funeral the family doctor must be there, for who fought death harder than he?

No one stands in such close and intimate relationship with us as the family physician. No one has such opportunities for doing good, not even the minister of Jesus Christ, as this professional brother who enters our homes at any hour of the day or night. Do you wonder that Paul affectionately wrote about his family physician, the same as we do?—REV. FRANK DE WITT TALMAGE, D.D., *Kansas City Med. Index-Lancet.*

Suprarenal Capsule in Diseases of the Lower Air-Passages.

Samuel Floerschlem, in the *Med. Record* of November 17, 1900, has used desiccated suprarenal in acute tracheo-bronchitis, chronic bronchitis, bronchiectasis, congestion and edema of the lungs, hemoptysis and pulmonary tuberculosis. He always gives the powder in the form of three-grain capsules, which are placed in the mouth and thoroughly chewed without water. The effect of the gland taken in this way is noted in from three to ten minutes. This method of administration is said to be much more efficient than the giving of the gland in the form of capsules and its being immediately carried to the stomach. It is said that the juices of the stomach interfere with the action of the remedy.

In acute tracheo-bronchitis, in thirty-two cases the suprarenal powder lessened the frequency and severity of the cough.

In some cases the cough entirely disappeared, and was absent from ten minutes to nine hours, according to the severity of the attack. The expectoration was decreased in amount, the subjective sensations in the throat and chest were greatly improved, and the respiration became easier. In acute bronchitis when the suprarenal was administered in this way in doses of three grains every two hours, it generally aborted the attack. In the cases of chronic bronchitis and bronchiectasis, there was a lessening of the expectoration and a subjective improvement. In congestion and edema of the lungs, the slight dulness over the posterior portion of the chest disappeared, and with it the cough and watery expectoration. In bronchial asthma due to nervous influences, the suprarenal powder had no influence over the attack, but if it was accompanied with hyperemia the drug was useful.

In eight cases of pulmonary tuberculosis the expectoration and cough were diminished by the suprarenal powder within fifteen minutes. Patients breathe more easily and feel brighter. In sixteen cases of hemoptysis from various causes, the suprarenal powder, on being chewed, stopped the bleeding from the lungs in less than a half-hour; in six cases it stopped in five minutes.—*Medicine.*

Pregnancy and Ovarian Tumors.

Richard Mond (*Munchener med. Woch.*, September 4, 1900), from his own experience and from a review of the literature on the subject of pregnancy and ovarian tumors, considers the following points as authorized:

1. Ovariectomy is the justifiable therapy as soon as an operable ovarian tumor has been diagnosed during pregnancy. With the increasing size of the tumor there will be conditions favorable for firmer adhesions, thus complicating the removal; for this reason there should be laparotomy as soon as the diagnosis is certain.

2. According to present statistics, to obtain the best results for the mother, the operation should be between the second and fourth months of pregnancy; for the continuance of pregnancy, between the third and fourth.

3. The dangerous complications resulting from delay, such as torsion of pedicle,

suppuration of cyst, etc., demand immediate operation.

4. Puncture of cyst and artificial abortion are only makeshifts, and not therapeutic measures. In dubious cases puncture is allowable, and, eventually, incision.

5. A growth of the tumor in pregnancy is observed in most cases.

6. If the pregnancy is far advanced when the patient is first seen, then also ovariectomy is indicated.

7. During labor even a reposition of the tumor under narcosis may be attempted. In case of small cystic tumors, puncture, or even incision, is indicated.

8. In case of a solid tumor and living fetus at the time of labor, Cæsarean section is indicated, with a removal of the obstruction to delivery.

9. After delivery we should wait one or two weeks before operating, until the question of puerperal infection is decided and involution of the uterus far advanced.

10. During the puerperium, an enlargement and growth of the tumor have been observed.—*Chicago Clinic.*

New Guide in Ligaturing the Subclavian.

There are few practical surgeons who will not admit that in the operation for ligaturing the subclavian artery, the exposure of the scalenus anticus muscle with the first rib tubercle marking the site of its insertion, is rendered difficult and delicate by reason of its deep situation in the neck and its intimate relation to structures, the accidental wounding of which might result in a calamitous issue. It is now proposed that instead of taking the scalenus anticus as a guide the operator should expose the easily located cord of the brachial plexus, and taking this cord as the external boundary of a new anatomical triangle should define the inferior border by finding the first rib and treat the scalenus anticus muscle as the internal side of the triangle. It is claimed that the subclavian artery can always be found within these boundaries, and that it is an ultimate triangle incapable of further subdivision, for the reason that its edges come into actual touch with the artery, no other tissue intervening. It is put forward in opposition to this new plan that the brachial cord is more difficult to expose than the scalenus anticus muscle, but as a matter of fact the very common mistake

of confusing the cord, which in this region is round, compact, and invested with a special fascia for the muscle, is certainly evidence of the relative superficiality of the cord. Liston, in his "Lectures on Surgery," mentions that "you get at the nerves and expose them distinctly enough, and a little lower down the vessel is reached." Kocher very clearly points out that after removing the adipose tissue in the operation the fascia covering the brachial cord becomes visible. As a matter of fact, the narrow portion of the brachial plexus, now claimed to be the best guide, is what we have all read about in "Gray's Anatomy," where it is specially mentioned that the brachial plexus presents little of a plexiform arrangement at its commencement and is narrow opposite the clavicle. To quote Kocher again, he has expressed the opinion that the relation of the subclavian artery to the nerve plexus is very characteristic, and considering that this nerve bundle may be accepted for all practical purposes as a trustworthy and constant factor, it may be safely assumed that the brachial plexus cord is as convenient, if not a more convenient guide to the subclavian artery than the anterior scalenus muscle.—*Med. Press and Circular.*

Surgical Conditions in Purulent Ear Disease.

McConachie (*Virginia Medical Semi-Monthly*) says the following steps are indicated : In acute cases :

1. Removal of all obstructive conditions to respiration, and proper ventilation of tympanic cavity, viz. : adenoids, enlarged tonsils, deviated septum, spurs, enchondroses, polypi and hypertrophied turbinals.
2. Enlarge opening in drum, if too small, to permit free drainage.
3. Opening the mastoid, if discharge continues after three or four weeks of persistent antiseptic cleanliness.

In chronic cases—

(a) Careful removal by the auditory canal of granulations, polypi or necrotic tympanic structures as thoroughly as you can.

(b) Discharge continuing, the mastoid operation must be done :

1. For the removal of necrotic bone, either in tympanum or mastoid antrum and cells, as this is the only means of eradicating the germs of infection.

2. When granulations and polypi recur after removal.

3. In long-standing purulence, which cannot be arrested otherwise, even though the patient is not suffering, to prevent further complications.

4. Tuberculous and cholesteatomatous process can only be removed by the mastoid.

5. Relapsing cases should have the radical operation done to prevent complications.

6. In abscess of the brain, cerebellum or sinus thrombosis, having their origin in purulent ear disease, the preliminary mastoid operation should be done.

7. After a fair trial by these radical means and purulence continues, the mastoid operation is the surest and safest way of eradicating it.

8. The mastoid operation, when done early, not only saves and improves hearing, but in many instances averts death, through complications.—*Memphis Med. Monthly.*

Solid Ovarian Tumors.

Dartignes (*Revue de Gynecologie et de Chirurgie*) gives a summary of a paper on this subject, as follows :

1. Solid ovarian tumors are usually malignant, fibromata being rare.

2. Their malignancy increases with the age of the patient, fibromata being most common in young women, sarcomata later in life, then cancer.

3. Heredity plays little part.

4. Double tumors are most apt to be malignant.

5. The neoplasm may retain the shape of the ovary, irregularities of the surface would suggest malignancy as well as marked vascularity.

6. Fibromata are usually smaller than sarcomata, and the latter, as a rule, exceed in size cancerous growths.

7. The larger the tumor the smaller is usually the pedicle.

8. Fibromata are generally movable and unaccompanied by ascites, while sarcomata are usually attended with effusion.

9. Fibromata have a firm, hard consistency, sarcomata being soft, and cancerous tumors hard but friable.

10. Cancer of the ovary is more prone to early metastasis than sarcoma, and also extends along the lymphatics.—*Chicago Clinics.*

Book Reviews.

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King's American Dispensatory. By HARVEY WICKES FELTER, M.D., and JOHN URI LLOYD, Phr.M., Ph.D.

Historique. Le Podophyllum peltatum paraît avoir été employé de temps immémorial par les Indiens de l'Amérique du Sud. C'est depuis peu de temps que les médecins Américains du Nord l'ont introduit dans leur pratique; car, en 1844, le docteur J. King, de Cincinnati, en faisait connaître les propriétés advantageuses.

The readers of Rousseau, Pidoux and Constantin Paul all remember how Cincinnati was often adorned by the name of John King, the author of one of the most painstaking and erudite volumes on *materia medica* ever published in America. This work in its conception was grand, and in scope and range embraced about everything known in the form of botanic medicine in the United States. Its author was a man of immense knowledge and infinite patience, for only these two qualifications would have served to have written such a masterpiece. The eighteenth edition and third revision has just been completed and issued by the Ohio Valley Company, of Cincinnati. Entirely rewritten and enlarged by Dr. Felter and John Uri Lloyd, it has become a work that should be on the table of every American physician as a book of ready reference. Authority to use for comment the *Pharmacopeia* of the United States was long since granted, as well as authority to print the *National Formulary*, granted by the council of the American Pharmaceutical Association, which renders this work altogether complete. There is a liberal education in King's Dispensatory for those whose botany has been neglected at the medical college, for, sad to relate, very few students of the present day can distinguish any of the remedies they so freely prescribe, owing to the faulty teaching of *materia medica* in even our best equipped and largest institutions of medical learning. The work under notice is profusely illustrated, and all the more common remedies of the *materia medica* are exhibited in pictorial outline. The historical data given is something that has never been surpassed in this country, and only equalled by Stille. We know of no better invest-

ment than this work, as it rests on a permanent foundation, based on time, observation, experience, therefore not subject to the fluctuation in value that comes to so many trashy so-called "encyclopedias of medicine" issued by unscrupulous publishing houses by subscription as mere advertisement for a few college professors, whose fame does not last between two editions.

T. C. M.

Panama and the Sierras: A Doctor's Wanderings. By G. FRANK LYDSTON, M.D.

The author's name is a sufficient guarantee as to what may be found sandwiched between the leaves of this dainty and delightful book. Written in the same charming style that has entranced so many in former days, notably in "Over the Hooka," we find our author has lost none of his old-time charm, and the same nectarated bouquet of literary Falerno awaits the one who quaffs at the Lydston feast. As a *reconteur* our author has few equals, and as a dialectician that goes without saying, whether he imitates the Ethiopian or the Heathen Chinee. A criticism of a book is nothing. One must read himself in order to appreciate a good thing. With an after-dinner cup of coffee and a good Havana cigar, one can keep on reading the book of Lydston's and permit the patients to wait. It will do you good, and the patients? Well! no harm. T. C. M.

Transactions of the American Orthopedic Association. Vol. XIII—1900. Published by the Association.

From the first volume the transactions of the American Orthopedic Association have reflected credit upon the American orthopedic art. In their pages have always been found interesting casuistic contributions, reports of original research, as well as the descriptions of the ingenious contrivances which have made American orthopedics stand so well among the nations. The present volume is no exception to the rule, and to one who is sufficiently interested in the subject furnishes profitable and instructive reading from cover to cover.

An interesting paper by Goldthwait, being a report of thirty-eight operations upon the knee-joint for non-tubercular conditions, shows with what boldness and what success the large joints may be

entered for purposes of diagnosis or treatment. While rejoicing with the writer in the comparative safety of joint operations nowadays, we should nevertheless hesitate in saying with him that they "need not be feared more than operation upon other parts of the body." The importance of using instruments rather than fingers during the operation is not insisted upon in describing the technique.

Important in their conclusions are the papers and discussion on forcible correction in Pott's disease, inasmuch as sufficient time has elapsed since Calot's publications to thoroughly test the method. The method cannot, according to accumulating opinions, be recommended as routine; in the greater number of cases the correction which is at first obtained is not maintained by the healing process.

Worthy of special mention are three articles having the character of original investigation: a study of some of the bones and joints of the foot, by Dane; an anatomical consideration of pronation and its relation to treatment, by Hoke and Bradford; and the article on the mechanics of lateral curvature, by Lovett.

In addition, the volume abounds in smaller articles of merit which cannot be referred to in extenso.

F.

A Practical Treatise of Materia Medica and Therapeutics (Student's Edition): With Special Reference to the Clinical Application of Drugs. By JOHN V. SHOEMAKER, M.D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College, of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc., etc. Fifth edition, thoroughly revised; 6 $\frac{1}{4}$ x 9 $\frac{1}{2}$ inches; pages vii-770. Extra cloth, \$4.00 net; sheep, \$4.75 net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

Every text-book upon this branch of medicine seems to place its chief claim for recognition upon some new or untried method of classification. Possibly all methods were tried previous to the first edition of this book, and the writer was compelled to fall back on alphabetical classification; and it is just as well. The attempt of several well-known text-books to drag some inoffensive drugs into cer-

tain classes with which they have but a speaking acquaintance is ridiculous in the extreme. After all, it is the subject-matter and the complete description of each and every remedy, and not the classification, that is of importance.

More and more every year teachers are neglecting the *materia medica* for the therapeutics, for the field of therapy is becoming rapidly more widened, and upon vastly more solid ground. The reviewer had proof of this in listening to the lectures at the three great schools of medicine in Philadelphia within the past few weeks. Shoemaker's work has always been particularly complete in the line of therapeutics, and this addition is no exception. Every possible use of a drug is given, and often its best combination for each particular disease, thus making it a more valuable aid to the student and recent graduate. Indeed, this edition is known as the student's edition in contradistinction to another physicians' edition, soon to be issued.

We are glad to notice the report of Dr. M. L. Heidingsfeld's work on cacydyllic acid among the newer drugs.

It is a work that should be in the hands of every student, particularly for reference.

M. A. B.

Introduction to the Study of Medicine. By G. H. ROGER, Professor Extraordinary in the Faculty of Medicine of Paris; Member of the Biological Society; Physician to the Hospital of Porte-D'Aubervilliers. Authorized translation by M. S. CABRIEL, M.D., with additions by the author. New York: D. Appleton & Company, 1901.

For a long time there has been urgent need of some book that will initiate the student into the study of medicine. This want has been admirably supplied in the present volume. Formerly the student began at the end of the spokes of the wheel and gradually converged to a more or less homogeneous centre. The object of this book is to present him with a large horizon, to introduce to him the beginnings of the study of medicine, as it were, in *ensemble*. Among the various and varied articles conducing to this end may be mentioned general etiology of infections, general pathogenesis of the infectious diseases, nervous reactions, auto-intoxications, heredity, sclerosis, inflammations, tumors, evolution of diseases, clinical application of scientific procedures,

diagnosis and prognosis, therapeutics and many others. Perhaps the most important chapter is that upon "The Examination of the Sick;" the reviewer confesses to an interest that he has seldom or never before experienced in reading medicine. It should be read and re-read by every practitioner of, particularly by every teacher of, medicine. Nothing of greater importance has been stated than the following: "It is possible to make a diagnosis and prognosis by simple means within the reach of all. It seemed to me important to oppose the tendency of some modern authorities who think the solution of problems raised by the examination of patients can be found in laboratory researches. No one is more firmly convinced than myself of the usefulness of experimental pathology. Nevertheless, at the bedside the physician can do no better than to depend upon clinical procedures. Only in quite rare instances will he be obliged to resort to more delicate methods of investigation before the rising tide of bacteriology." Such rank heresy as this is quite refreshing; verily, the times do change. It will be seen that etiology, pathology, symptomatology, prognosis, diagnosis and treatment have all been placed before the reader as equal and integral parts of the same study, dealt with in a manner entirely new and fascinating to a degree.

M. A. B.

Sexual Debility in Man. By F. R. STURGIS, M.D., Formerly Clinical Professor of Venereal Diseases in the University of City of New York; Sometime Visiting Surgeon to the Venereal Division of the City (Charity) Hospital, Blackwell's Island; Member of the American Association of Genito-Urinary Surgeons, etc. Pages 381. Price \$3.00. E. B. Treat & Company, New York. 1900.

This scholarly-written book will be welcomed by those who have to treat sexual debility in man, for this condition sometimes taxes the resources of medicine. It goes thoroughly into the anatomy and physiology of the sexual organs, and exhaustively covers the subject of sexual debility.

In the chapter on masturbation the author "has combated the old and time-honored belief that indulgence in this habit is the necessary prelude to both physical and mental degeneration, and, while not glossing over the dangers which may, under certain conditions, result from the

habit, he has attempted to point out the folly of the hysterical denunciations which have been heaped upon it by pseudophilanthropists and ignorant medical men."

It aims to show that spermatorrhea and pollutions are absolutely distinct and separate diseases, and strives to correct the idea that the man afflicted with spermatorrhea is foredoomed to impotence and sexual uselessness.

The book ends with a chapter on sterility, which is not synonymous with impotence.

J. A. J.

The Tale of a Field Hospital. By FREDERICK TREVES, M.D., Surgeon Extraordinary to H. M. the Queen; Late Consulting Surgeon with H. M. troops in South Africa. With fourteen illustrations from original photographs. Pages 109. Cassell & Co., London, Paris, New York and Melbourne. For sale by Robert Clark & Co., Cincinnati. Price \$2.50.

This little book gives some account of a field hospital which followed for three months the Ladysmith Relief Column, South Africa. It is not a connected story, but a narration of incidents, a description of the country and a portrayal of the demeanor of the British soldier under adverse conditions. It does not give any information how a field hospital is or should be managed.

J. A. J.

Medico-Surgical Aspects of the Spanish-American War. By NICHOLAS SENN, M.D.

Dr. Senn relates in a very interesting manner his experience during the late war, commencing with Camp Tanner, going through Chickamauga, Santiago, Porto Rico, and ending with Camp Wickoff.

He takes up in detail the examination of recruits, the transportation to and from the battle-fields, the good work done by the medical corps in the field, the various auxiliary corps and that of the hospital ships. Dr. Senn reports on all of his operative and medical work accompanying the operative work on gunshot wounds with excellent charts.

This is a work which is well written and well worth the reading of every physician, taking up, as it does, the tale of our late war with Spain in such a delightful manner, together with reports of such interesting cases.

M. A. T.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

MARCH 2, 1901.

WHOLE VOLUME LXXXV.

APPENDICITIS (SURGICAL TREATMENT).*

BY B. MERRILL RICKETTS, PH.B., M.D.,
CINCINNATI.

It is absolutely impossible to determine the degree of the pathological change, or, indeed, whether or not it is the appendix that is causing the trouble, for who of the operators have not at some time opened the abdomen for a supposed appendicular trouble to find other conditions.

Years ago men were skeptical regarding the benefit of operative interference in diseases of the ovary and tubes, but they have since discovered their fallacy. It has been demonstrated that the removal of the ovary and tubes, if diseased, is absolutely essential. Now there is a similar controversy regarding the excision of the appendix. The pathological changes which the appendix undergoes and the complications which arise therefrom are just as numerous and dangerous as those of ovary and tubes. If the appendix is once diseased it is probably always diseased, and, in the rare cases in which recovery does occur, there will always be more or less trouble from the adhesions formed during the attack. The importance of rigidity, tenderness, pain and increased temperature have been relegated to the past for the reason that the most aggravated conditions have been found without their presence, either singly or combined. It is beyond the province of any person to determine the incipiency of the disease, it at first being mild and simulating the various disturbances of the alimentary tract from the pylorus to the sphincter ani. It asserts itself in producing the most vicious disturbances in the organs of reproduction. Spontaneous recoveries must of necessity be few, and when they do occur many years are required, unless the appendix is destroyed by a most active process in acute cases. The invalidism, loss of time from it, and the dangers of a

fulmination should be sufficient reasons to preclude the possibility of delaying surgical interference when once there is reasonable cause of suspecting appendicular trouble, whether acute or chronic.

Stenosis of the valve of Gerlach has been considered as being a prime factor in the causation of appendicitis. This can hardly be so, for concretions, foreign bodies, pus and mucus have been found present when this valve was amply sufficient in size to allow them to be expelled. Foreign bodies are more apt to pass through Gerlach's valve into the appendix if a sculus is present in the cecum, a condition probably more frequent if adhesions have formed in such a way as to hold up the ilio-cecal valve.

In man the pelvis is much narrower than in woman. The appendix in man hangs in front of and upon the psoas muscle, while it swings clear, as a rule, of the inner border of the psoas muscle in woman. Robinson says that the trauma of this muscle is the most frequent cause of appendicitis, abscess and adhesions, and all such complications are more likely to occur internal to the psoas muscle than external to it. This is pretty well demonstrated by the fact that there are four diseased appendices in man to one in woman.

The weight and character alone of a few foreign bodies is sufficient to cause them to be retained in the appendix, regardless of the size of this valve; especially is this so with metal, such as solder, shot, pins and beads, also pieces of oyster shell, bone, seeds, and substances of such a character.

In two cases coming under my care buboes were present in the groin as a result of gonorrhœal infection previous to opera-

* Read before the Academy of Medicine of Cincinnati, November 12, 1900.

tion. The temperature in each case was 104.5° at time of operation. Concretions were found in each case with adhesions, and great inflammatory action in and about the appendix. There was a history of previous attack of pain in each case. The probabilities are that a chronic condition of the appendix was aggravated by extension up the cord. In each case the temperature became less than 100° within twenty-four hours, and did not reach more than that at any subsequent time during convalescence.

It is reasonable to suppose that infection of the appendix may result from the invasion of any of the bacteria incident to disease of the alimentary or respiratory tract, such as typhoid, diseases of digestion, gall-bladder, diphtheria, infected food or water, ulcerations and malignant growths, the débris of which must necessarily enter the alimentary tract. The appendix has been known to become adherent to the uterus, with and without being pregnant; adhesions with the ovary and tubes are common.

The adhesions of the appendix with the uterus was most beautifully exemplified in the case of Dr. Ambrose Johnson, in which the end of the appendix had, in all probability, become adherent to the uterus while it was distended with pregnancy.

It has been pretty well established that disease of the ovary or tubes may produce disease of the appendix, and *vice versa*. It is also reasonable to suppose that sigmoiditis will produce disease of the ovary, tubes and appendix, because the sigmoid rests, when loaded, to the right of the median line, a fact recently verified by Pennington, of Chicago, who has done much original research work with reference to the sigmoid. Especially may the sigmoid and appendix be associated in causing trouble if the latter be long and the former extend to the right of the median line.

Medicaments offer but little help, if any at all, it being generally safer to remove the appendix or open its abscess at the onset of the trouble. Nothing tangible has been shown to sustain a positive argument that medicine has been beneficial. It is more possible for an appendix five inches long in a person five feet high to create more diversified disturbances than one of the same length in a person six feet

high, for the reason that the pelvis in one is small, while in the other it is large.

Neuralgia, hyperesthesia, colic and enteralgia are due to the nerve supply of the superior mesentery artery, extending from the small intestine and large bowel, and from the appendix to the splenic flexure. The diaphragm is dominated by the phrenic and sympathetic nerves. A large nerve directly connects the inferior cervical ganglion and the ganglion stellum with the phrenic. Neuralgia about the diaphragm is evidenced by irregular respiration and sighing, also caused by divulsion of the sphincter ani. The ganglion dia-phragmaticum is on the right side only, at point of juncture of the sympathetic and phrenic nerves. The diaphragmatic plexus is connected with the adrenal and hepatic plexuses. Sharp pains on respiration are due to the sympathetic in the diaphragm.

Peristalsis is twelve inches per minute in the rabbit, as shown by pinching the gut, which will cause contraction of the bowel. Peristalsis is probably limited to the loaded bowel. The wave is limited to three to twenty-four inches per minute. Intensity greatest in greatest blood and nerve supply, as in the jejunum. A severed splanchnic nerve increases peristalsis and congestion of bowel.

The use of anything that will evacuate the bowel to moderation should always be given, with or without operation. If pain is severe and operation cannot be secured, a hot-water bottle should be employed before giving opium, which should always be sparingly administered. Manipulation of the abdomen should not any more be permitted than the manipulation of fractures and dislocations—never as much, for the risk is far greater. Only recently a most competent surgeon lost his patient within two hours after he had too freely indulged in manipulating an appendiceal abscess which ruptured into the peritoneal cavity. Poultices should never be applied to the abdomen; they are the greatest mediums for the culture of bacteria and one of the greatest sources of infection. The cuticle generally is exfoliated as a result of their application, and it is impossible to make the field of operation aseptic in any way whatever.

The question of transferring patients, with this or any other serious pelvic trouble, is one of great importance; surely, it should

ABSCESS AND NON-REMOVAL OF APPENDIX.

Attending Physician.	Sex	Age.	Duration.	Perforation.	Feces.	Fecal Odor.	Not Removed.	Amt. of Pus Approximated.	Time of Recovery.	First Attack.	Second or More.	Concretion.
1 Boyd.	M	4	7 days.	(?)	No.	No.	No.	4 ozs.	3 weeks.	Yes.	.....	(?)
2 Stewart.	M	28	4 days.	(?)	Yes.	No.	No.	2 ozs.	3 weeks.	.....	Yes.	(?)
3 Insko.	F	3	10 days.	(?)	No.	No.	No.	18 ozs.	4 weeks.	.....	Yes.	(?)
4 Shelton.	M	32	72 hours.	(?)	Yes.	Yes.	No.	2 ozs.	8 weeks.	Yes.	.....	(?)
5 Beach.	F	18	10 days.	(?)	No.	Yes.	No.	10 ozs.	Recurrent.	Yes.	.....	(?)
6 King.	F	12	6 days.	(?)	No.	Yes.	No.	8 ozs.	3 weeks.	.....	Yes.	(?)
7 Loomis.	M	31	14 days.	(?)	Yes.	Yes.	No.	8 ozs.	15 days.	Yes.	.....	(?)
8 Gibson.	F	16	12 days.	(?)	No.	Yes.	No.	16 ozs.	6 weeks.	.....	Yes.	(?)
9 Beebe.	M	29	14 days.	(?)	Yes.	Yes.	No.	10 ozs.	Death.	.....	Yes.	(?)
10 Glenn.	M	7	3 days.	(?)	No.	Yes.	No.	6 ozs.	Death.	.....	Yes.	(?)
11 Beckett.	M	27	10 days.	(?)	No.	Yes.	No.	16 ozs.	Recurrent.	Yes.	.....	(?)
12 Insko.	M	48	4 days.	(?)	No.	No.	No.	1 ozs.	(?)	.....	Yes.	(?)
13 McGrew.	M	30	5 days.	(?)	Yes.	Yes.	No.	16 ozs.	14 weeks.	.....	Yes.	(?)

REPORT OF SIX DEATHS.

Attending Physician.	Sex	Age.	Duration.	Perforation.	ReMOVED.	NOT REMOVED.	Death After Operation.	Cause.	Location of Perforation.	First Attack.	Second or More.	Concretion.
1 Beebe.	M	29	14 days.	Yes.	Yes.	No.	35 days.	Exhaustion.	Median Line	(?)	Yes.	(?)
2 Corliss.	M	27	6 days.	Yes.	Yes.	No.	40 hours.	Exhaustion.	Median Line	Yes.	Yes.	Yes, one. (?)
3 Glenn.	M	7	3 days.	Yes.	Yes.	No.	60 hours.	Exhaustion.	Median Line	.....	Yes.	Large one.
4 McGrew.	M	16	48 hours.	Yes.	Yes.	.....	45 days.	Exhaustion.	Median Line	.....	Yes.	Small one.
5 Trimble.	M	26	80 hours.	Yes.	Yes.	.....	30 hours.	Exhaustion.	Median Line	.....	Yes.	.....
6 Dodd.	M	7	48 hours.	Yes.	Yes.	.....	48 hours.	Exhaustion.	Median Line	Yes.	.....	.....

not be done, except in a few special cases—for instance, the chronic ones.

In operating, care should be taken that the body heat be retained, and that water should not be used, and if used, that it does not flow over the body or upon the garments. It should be remembered that reflex paralysis of the bowel is often a sequel to operations upon the pelvic organs. But it is still a question whether this paralyzed condition is due to reflex action or serous infiltration and toxines, or to diminished absorption.

The time consumed in operating on chronic cases, and the majority of acute cases, should not exceed thirty minutes, as a rule. Our experience is that an incision below a point corresponding with a line drawn from the umbilicus to the superior spinous process of the ilium will oftener reach the appendix than when it is made higher; especially is this so in a deep pelvis. Then, too, the lower incision greatly facilitates examination of the ovaries, which should always be done.

The Hockey stick incision is a most useful adjunct in certain cases with a deep pelvis and thick belly wall. If the superficial epigastric vein should be wounded hemorrhage may be controlled by pressing a needle carrying a silkworm-gut from in front backward, near the median line, through the peritoneum, to come out near

the inner border of the incision. It is then made taut around the vessel sufficient to prevent bleeding. This ligature may be removed at the end of the fourth day; should a hematoma result subcutaneously from puncture of the artery or vein, or, in suturing the abdominal wall in closing it, it is safer to make a special cutaneous incision, clean out the clot and suture, or pack, as may be thought best.

In all cases requiring the opening of the abdominal cavity it is best to divide and not sever the different tissues. Its length should meet the requirements.

Unless an appendix is easily found in pus cases, one should be contented with evacuating the pus and thorough drainage; no unnecessary risk should be taken in searching for the appendix. Mopping out the cavity with a piece of gauze should suffice. The gauze should be one-half yard long, that it may not be lost, as is so often the case with the short pieces and gauze sponges.

Peroxide of hydrogen should never be used in the abdominal cavity, nor should any solution be used in appendicular or other kinds of abscess, unless the entire abdominal cavity is filled with pus or other objectionable fluid, then a large incision should be employed and many gallons or simple sterilized water used. This is in turn to be mopped out with gauze, great

care being exercised in exploring every cavity with the gauze. A large quantity of fluid in the peritoneal cavity is objectionable, because of its liability to be absorbed by the diaphragmatic stomata, and pass into the pleural cavity.

Diaphragmatic Stomata.—These ducts were found by Recklenhausen in 1862, by using coloring matter, and they were supposed by him to be lined with granular polyhedral cells. Anspitz (1871) used rice-flour solution in the peritoneal cavity; at the end of an hour he found it in the pleural cavity. Beck was the first to show by nitrate of silver staining that the stomata were lined with endothelial cells, and that there were no lymphatics on the centrum tendineum where the heart lies. He also shows that artificial respiration causes absorption by these stomata as in life. This fact, in connection with the absorbability of the peritoneum, would preclude the advisability of using the Trendelenberg position. The peritoneum will absorb three times faster than the pleura. Hamberger showed by injecting 0.1 sol. of NaFl into the peritoneal cavity that death ensued within fifteen minutes, in spite of the destruction of the endothelial cells.

The stump of the appendix should be crushed, the mucosa destroyed and cauterized with formaldehyde, carbolic acid, nitrate of silver, or something of a similar character. If pus is present outside of the appendix, a strip of gauze should be allowed to remain; if not, the belly wall should be immediately closed. If there is gut perforation, with much pain or restlessness, opium should be employed, to not only relieve the pain and restlessness, but to control peristalsis. This should, I believe, be done in all gut perforations, with or without operation, regardless of their character.

The rule is no opium, but I must confess that there are more exceptions than the modern surgeon is willing to admit. The older practitioners have seen spontaneous evacuation of the bowels on the fourth, fifth and sixth days after enormous quantities of opium had been given for peritonitis. Suffice it to say that the question of giving opium in abdominal surgical cases is a mooted one.

The preceding table gives six deaths in one hundred operations. In thirteen of these one hundred cases the appendix was not removed, only incised and abscess

evacuated. This series of one hundred cases includes only those operations which were made specifically for appendicitis, the diagnosis having previously been made. I have, however, removed both normal and diseased appendices many times when the abdomen has been opened for other purposes.

Disease and Viciousness.

A well-known English judge had before him on one occasion a person charged with shoplifting. The judge's demeanor showed very clearly that he was not in sympathy with the effort of the prisoner's counsel to excuse his client on the score of irresponsibility. "Is your lordship aware," asked the counsel, "that there is a disease known to physicians by the name of kleptomania?" "Perfectly," replied the judge, "and I am sent here to administer a drastic remedy for it." Because the tendency to habitual drinking is often a disease, it does not therefore follow that it is not frequently merely a vice. The authorities at Bellevue, it seems, are beginning to comprehend this, and, in the case of chronic "repeaters" who "get on a jag" with the consciousness that it will be worked off in the comparative comfort of a good bed in the alcoholic ward, shelter from inclement weather, and a sufficiency of square meals, have determined henceforth to transfer all such offenders to the police authorities for more suitable and adequate treatment. One "patient" already has been transferred to "the island" for six months. This is as it should be, save in cases in which careful observation shows collateral evidence making indisputable the defect of irresponsibility. —*N. Y. Med. Journal.*

The Suprarenal Capsule as a Remedy for Snoring.

It has come to our knowledge that a middle-aged man who for years had had a household reputation of a most sonorous snorer, began to take a preparation of the suprarenal capsule as a remedy for chronic nasal catarrh. Not only did it mitigate the supersecretion of mucus, but his snoring practically ceased. Whether or not the occurrence was anything more than a coincidence, we do not undertake to say. —*N. Y. Med. Journal.*

SURGERY OF THE PERICARDIUM.*

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There are three phases of the surgery of the pericardium, viz., the surgery of wound, the surgery of pus, and the surgery of other fluids in the heart case.

The first of these distinctions is limited by several indications common to surgery—strict asepsis, good drainage and perfect suturing. The first aid packet, or its corollary, should be used directly any wound of this organ occurs. Symptoms of wound of the pericardium, when complicated by an injury of the pleura, may be so masked by a collapsed lung and pneumothorax that the real condition is with difficulty defined.

There is a peculiar accentuation and rapidity of pulse indicative of irritation of the pericardium which is quite likely to occur very early in wound of this organ. And the sequence of wound, hemorrhage, may, if it is of large quantity and retained in the pericardium, cause a slowness of pulse like that of one dying of asphyxia. Blood or other fluids may drown the action of the heart so that the pulse will be slow, labored and irregular.

The fact that a wound exists aids in fixing the diagnosis of injury to the pericardium. For example, a man came under my care for gun-shot wound who received a ball in his right chest about one inch below the right nipple. There was no wound of exit. He expectorated some frothy blood, and had dyspnea and right pneumothorax. Twenty-four hours later the air in the pleural cavity had been absorbed. Gradually he resumed his appetite and respiration became quite natural, but on the fifth day he had a marked rise in temperature to 103° . He had passed a restless day and his pulse had been accelerated, but it now became very irregular. His countenance took on an anxious expression, and all his voluntary movements were more or less agitated and inco-ordinate. Nothing abnormal could be found by critical examination of the chest or abdomen, and there had been no friction sounds heard in the pericardium; but the

pulse, choreic restlessness and temperature made me think the wound involved his heart and pericardium. His apex beat rose to a point one-half inch above the left nipple, and there was bulging of the fifth intercostal space near the sternum. On the eighth day of his illness I opened the pericardium by incision and evacuated about a pint of bloody pus. Had no wound been present in this case the diagnosis of pus in the pericardium would not have been made.

It would, however, appear from the light thrown upon lesions of this organ by post-mortem and surgical observations that purulent pericarditis may be suspected in cases of empyema, pneumonia, rheumatism, osteomyelitis and sundry other septic diseases when there are symptoms of inflammation of the heart.

The most pronounced phenomena indicative of pericarditis are a patient prostrated by severe illness, small rapid pulse, pain in the precordia, friction sound behind the sternum and the base of the heart.

The symptoms of effusion into the pericardium are (1) a history of the symptoms and signs of pericarditis; (2) displacement of apex beat; (3) increased area of precordial dullness extending from right to left, a spreading out of that part of the pericardium attached to the diaphragm; (4) muffled heart sounds which may be inaudible if the accumulated fluid is abundant. Pus or blood in the pericardium will exhibit practically the same phenomena.

It is difficult to fix the limit of toleration of the human system for inflammation, effusion and suppuration of the pericardium. The first is rarely, the second often, and the third surely fatal unless the pus works its way out through the intercostal spaces.

The indications for surgery, however, are not hard to find if one is careful to note all the symptoms as they occur in a case of illness when they point unerringly to progression from bad to worse, and when the dominant signs indicate the presence of something besides the heart in the pericardium. Then the sack can be opened and its morbid contents let out.

If pus is the offending agent, and it does not come freely so as to make sure of thorough drainage, saline solution, boracic acid solution and weak iodine solution

* Read before the Northern Tri-State Medical Association, at Fort Wayne, Ind., February 19, 1901.

may be used to irrigate the cavity. My experience leads me to suggest that unless the sack is found to contain masses of necrosed exudate—coagulation necrosis—irrigation can be dispensed with.

A pensioner of the civil war was for years afflicted with caries of the sixth rib; spicula of bone came away spontaneously at intervals of two to five years, and sundry sinuses discharged quantities of fetid pus. I removed all of the diseased bone I could find six years ago, but three months later an old sinus reopened and continued to discharge more or less until one year ago, when it closed. Then he began to cough, grew thin, lost appetite and was compelled to take to his bed. He had fever, chills, expectorated freely, and looked like one declining with tuberculosis. Suddenly he was seized with severe pain in the region of the heart, unlike anything before he had suffered, had dyspnea, was very restless, with accelerated pulse and more fever. There was from day to day for a week a gradual but sure increase of the area of cardiac dullness. There were crepitant râles heard in the chest, but there was a distressing bronchitis—not, however, materially different from similar attacks he had passed through. But he was growing steadily worse. We could not find the apex beat of his heart; diagnosed purulent pericarditis and advised an exploratory operation. The old scar over the distal end of the sixth rib was reopened, and the incision carried upwards across the fifth costal cartilage, which I excised, exposing the pericardium with the internal mammary artery pulsating upon it. Divided the artery between two ligatures, then, using a blunt exploring needle as a guide, opened the sack a distance of one-half inch. Thin pus came away freely, but the opening soon choked with necrosed exudate, and I extended the incision with scissors an inch more in the direction of the pleura. Then irrigated the sack freely with warm salt solution, and floated out numerous flaky masses of coagulation-necrosis that were not disposed to come away unaided. The wound was then closed and a short drainage-tube fastened in its sternal angle. The patient's recovery was slow but perfect.

This case illustrated what may be done by irrigation.

Some surgeons advise the use of long

drainage-tubes after pericardiotomy, but a short tube has answered the purpose perfectly in my hand, and avoids irritation of the heart which a long tube would provoke. There may be a strong temptation to use strong chemicals in extreme purulent cases, and while hydrogen peroxide, weak solution of boracic acid, etc., have been productive of no serious disturbance, still it is better surgery to use the mildest agents that can be prepared. Corrosive sublimate and carbolic acid in even very weak solution might produce disastrous results after direct contact with the heart. Experimental work on the physiological action of drugs has shown that the heart of lower animals is very sensitive to direct stimulation and depression.

Saline solutions of the strength of one drachm of chloride of sodium in a pint of water at ninety-eight degrees of temperature always have a salutary restorative action on the heart muscle.

The anatomy of the pericardium as related to the pleura, diaphragm and mediastinum is quite complicated. The sternum practically protects the mediastinum from incision, but the pleura approaches so near to the sternum that when operating for wound of the pericardium the surgeon may easily open into the pleural cavity and add a very serious complication to what might otherwise prove an uneventful case. When the pericardium is distended by fluids there is very little danger opening anything but its cavity.

I have found the most easy access to the heart case by making an incision over the costal cartilage of the fifth rib about two and a half inches long, then resecting the cartilage, using a blunt dissector to lift it from the subjacent structures and dividing it with bone forceps. Both pericardium and pleura are thus exposed, but the angle of the wound nearest the sternum is directly above the pericardium, and near the final incision penetrating the sack should be made. The internal mammary artery can be seen pulsating, and should be divided between two ligatures before the sack is opened. A blunt exploring needle may be used, but a safer plan to avoid wounding the heart is to catch up the pericardium with sharp forceps or tenaculum and cut cautiously through with scissors.

No one should undertake this operation who has not carefully reviewed a surgical anatomy. Ordinary autopsies afford a fine

opportunity for this purpose. Dividing the cartilage before using the sternum, as usually done in the dead house, commonly open into the pleura to the left of the pericardium. But if care be taken to separate the cartilages from the tissues beneath them one can easily learn the relation of the structures involved in pericardiotomy.

Suturing should be done with great care, when the operation is merely exploratory or made for the purpose of closing a wound of the heart or ligating its superficial vessels. With dissecting forceps the margin of the pericardial wounds should be lifted so that the needle engages freely. The skin, fascia and muscles should be embraced in the same sutures in such a way that when they are tied there is a secure approximation of the different tissues.

I do not think there is any good surgery in poking the finger around inside the cavity of the pericardium unless for the purpose of steadyng the heart while its tissues are the subject of operation; even then it would be better to have the finger invested by sterilized gauze.

Not a few of the cases of the pericardiotomy have proved fatal; only about 40 per cent. have recovered, according to the statistics compiled by Dr. Porter, of Boston. It is probable that much better results may be expected if more care is taken to avoid the danger of sepsis growing out of mixed infection.

I am not aware that the bacteriology of purulent and serous pericarditis has been fully worked out. The cases which have been treated surgically have been widely spread geographically. The pneumococcus has been found in cases where the disease supervened on pneumonia, and staphylococci have been found where it has appeared as a complication of osteomyelitis.

I have no doubt but in due time all of the bacteria which have been found in serous membranes elsewhere will be found in pericarditis. The same thoughtful aseptic technique should be observed here that is observed in operations upon other serous cavities.

Chloroform has proved an efficient anesthetic in all of my five cases of paricardiotomy excepting one, which was traumatic, and the patient so reduced by hemorrhage by other wounds and the protrusion of the heart through the chest wall that I did not think there was time for the administration of any anesthetic.

It has appeared to make the patient more comfortable by diminishing the dyspnea.

If there is a future for surgery of the pericardium it is to be found in a more careful examination of cases of severe illness, in which so-called cardiac complications and pain in the precordia have appeared.

Treatment of Severe Cases of Diphtheria with Saline Infusion.

E. Laslett, in *The Lancet* of October 20, 1900, says that under the influence of the antitoxine treatment numerous cases of diphtheria recover that would have died in the first few days of the illness. The later stages of some of these are disappointing. Sometimes as early as the seventh day of the illness signs of heart failure appear, accompanied by persistent vomiting. Post-mortem examination shows extensive fatty degeneration of the heart muscle in nearly all cases. The writer reports fifteen cases treated in this way. These were chosen because of their severity, the main indications being a rapidly spreading membrane with nasal discharge and fetid breath. The infusion was carried out as soon as possible after the admission of the patient and was continued during the first two days and occasionally the third day. Injections were made in the skin below the right breast.

As a rule the injections caused very little discomfort, from ten to fifteen ounces being given in a half-hour. After injections, the pulse was noted to rise rapidly. The restlessness of the patient is relieved. The urine of these patients is commonly voided unconsciously, and thus it was impossible to determine diuresis. Of the fifteen patients, seven died; and eight recovered after a more or less eventful convalescence. The judgment of the writer is that the treatment had some influence in diminishing the severity and frequency of heart failure. The amount of antitoxine varied from nine thousand to eighteen thousand units. Most of the patients were small children, only one of them being an infant; the oldest was six years of age. The remarks found in the table of the cases show that they were all severe. All of those with hemorrhage died, excepting one. Of those which recovered, the majority were in the hospital from two to three months.—*Medicine*.

LOOKING FORWARD.

BY LOUIS A. MOLONY, M.D.,
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It was the pleasure of the writer the other day to lag behind a man with a valise, such as agents generally carry.

We both trotted along, single file, I curious as to who he might be, he reading the physicians' signs along that side of the street, until he came to the one bearing my name, when he unhesitatingly wheeled to the left and went up the steps.

He was about to "press the button" when I informed him it was unnecessary.

"I see you recognize the new sign," said I pleasantly, at the same time giving my latch-key an irritable twist. That evidently threw him off his guard, for, ignoring my question, he inquired if the doctor was in.

"He will be in a moment," I replied, at the same time inviting him to enter the front parlor.

After we were seated he started to open his satchel, incidentally speaking about the weather.

Now, "weather," as a topic for conversation, is one of my particular hobbies, especially if it is not "my busy day," and I have "sized up" my visitor correctly. The views of such as this caller proved to be, upon "weather," are usually very limited, however, and my stranger proved no exception to the rule. They frequently try to buy you off with a bottle of soothing syrup, or an "expectoration mixture," which could be better dispensed by street-car conductors, and to greater advantage, especially if warranted not to work for one hour.

In this instance it was a bottle of Vin Beforeall.

I asked the agent if he hadn't heard that Mrs. Carrie Nation was in town, but he intimated I must be misinformed.

This panacea had a very pretty label, with a "grape-vine" border. To save my soul, I don't know to this minute but two ingredients of the nostrum, and those upon the representation of this agent were "erythroxylon cocoa" and a very fine wine.

I told him I would sample the sample at some other convenient time, after he insisted upon leaving it. The label gave no mention whatever of the preparation's ingredients, and in all fairness to the man I

so stated that as one of my objections to the concoction, and told him I then and there declined to recommend the stuff.

Notwithstanding this, and more, he persisted and left his sample, and also another, a small box of tablets, and took his departure.

My objections to using the medicine (?) were given him then, with few reservations, not fully, but sufficient for the occasion:

1. It is a proprietary nostrum, sold under a registered name.

2. There is nothing in the name to indicate its ingredients.

3. The same is true of the body of the label already referred to, and of its only other label, which refers to the well-known "Act of June 13, 1898."

4. It is said to produce by stimulation an agreeable result in such affections of variable etiology, as nervous prostration, neurasthenia, brain exhaustion and physical debility.

In other words, an empirical mixture, whose only ingredients are erythroxylon cocoa and wine. At least the firm's representative declines to tell you of any others—if he knows of such himself.

His only claim for the nostrum, apart from those already stated, was one that any other medicine-vender might hold for his preparation, with perhaps an equal degree of correctness—that a firm such as he represented could better prepare and mix the ingredients than could a drug clerk, embodying the same drugs in a prescription.

I told him that was unanswerable, because the ingredients contained in his restorative were not all known, which he had previously admitted.

As to its stimulating ability, much wine in the preparation would accomplish that uncertain desideratum. and the same amount would have different effects upon different patients.

The most audacious part of the whole affair, and certainly the most surprising, was that he returned a week or two later, prepared to make me a tempting (?) offer. He stated he was authorized to present me with so many shares of stock in the company, provided I would permit myself to be harnessed with a guarantee to use such remedies as his house would furnish me with. As I refused to be tempted by this later-day Mephistopheles, but, on the

contrary, reasserted my previous views unmistakably, he finally left, saying: "I see, Doctor, you are 'agin' the proprietary medicines."

"Yes, frequently," I responded, "but not always 'agin' the proprieities."

This single instance is related as only one to the point, which, if I have not yet succeeded, I hope soon to make plain.

The conversation with this gentleman, however, was somewhat longer, and I took occasion to give him other and more general reasons for my attitude.

He was told that I declined to become a slave to the habit of writing down the names of proprietary preparations on the pad, when a prescription filled by a reliable druggist will be "just as good," and will act upon the disease, treating it symptomatically, and not either dogmatically nor empirically.

It was further stated that the continuance of this practice impaired a physician's usefulness, and that he simply became, by such habit, an advertiser and purveyor of nostrums, and a victim to his own malpractice.

Furthermore, such a physician might eventually reach that degree of helplessness where he would find it necessary to look over all the labels on his desk, instead of into his *materia medica* or practice, to know what particular "combination" was the specific (?) for such and such a malady. Perhaps by this time, or a little later on, he will have reached that state where the doctor simply becomes a diagnostician, and the druggist the therapist.

It is possible the late Edward Bellamy, "looking backward," would have added that as the Roentgen ray will accomplish the diagnosis, and the proprietary medicine will be supplied at the corner department store, the doctor may as well get off the earth or start a metaphysicians' institute—whatever that may be.

Oh, that we, too, may sing with Dryden!—

"Like empiric remedies they last are tried,
And by th' event condemn'd or justified."

113 Garfield Place.

THE severe pain of gout has been promptly relieved by the application of lint saturated with alcohol and covered with oiled silk.—*Med. Summary.*

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of January 7, 1901.

THE PRESIDENT, C. L. BONIFIELD, M.D.,
IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

Specimen of Appendix and Omentum.

DR. B. M. RICKETTS: Male, twenty-three years, patient of Dr. Warren, of Somerset, Ky. Severe pain and induration in appendicular region for eight days. Temperature 102° for forty-eight hours, then subsided and remained normal for six days. Incision, December 30, 1900, revealed four ounces of pus (non-offensive) and sloughing of the appendix, which had become very much obliterated and clubbed shaped, with distal end buried in the omentum by adhesions. Upon opening the belly the wall of the pus cavity ruptured and its contents escaped into the peritoneal cavity. Dry gauze was used to remove the pus and débris from the abdominal cavity, a large amount of gauze being left in the peritoneal cavity for drainage. This gauze was removed at the end of twenty-four hours and another smaller piece used. On the forty-eighth hour the gauze was again removed and the belly wall permanently closed. The temperature has never been 100° since the operation. He is making a rapid recovery, and I see no reason why it should not continue.

Gall-Stones—Specimens.

1. Male, thirty-nine years, patient of Dr. Taylor, Fort Recovery, O. Suffered for several years most excruciatingly. Cholecystotomy about December 1, 1900. Removed about five ounces of clear fluid containing pus. Could not find stone with sound or finger in bladder or common duct. Bile flowed freely until about the fifth day, when a severe paroxysm of pain occurred and the amount of flow became doubled. A ball-valve stone in the common duct was suspected at time of first examination. No stone could be found at this time. Pain would occasionally occur. He left for home on the

eighteenth day, to have a severe attack within twenty-four hours thereafter. He returned and I removed several broken pieces of a smooth, round stone without facets. Each day for two or three days similar small fragments were removed. The wound has been kept open, hoping that another stone whose presence is indicated by an occasional pain might be allowed to escape. The probabilities are that the absorption of oxygen, the changing of the fluid from alkaline to acid, or contraction of the tissue of the biliary tract, one or all, are the causes for the breaking into fragments of the two or three small, round, smooth, non-faceted stones which the fragments represent. A second operation for the removal of a similar stone is possible in this case. These stones were probably present in a dilated hepatic duct at time of the primary operation. They were not in the bladder; however, they may have been in the common duct and not detected, even though I believed my examination of it thorough.

2. Man, thirty-nine years old, patient of Dr. McGrew, Pleasant Ridge, city. Suffered for several years, probably many. Cholecystotomy December 13, 1900, finding fifteen octagon stones about size of common pea. The same number and character of stones were removed on the fifth day, so that thirty have now been taken. There has been no pain, and the icterus has disappeared. The nurse stated that an evacuation of the bowel on the fifteenth day after the operation contained many small fragments of biliary concretions, which were not preserved. A few fragments were among the stones removed the second time. Hence, the probabilities are that the biliary tract is free from concretion. The wound is now closed and the patient in good shape.

3. Man, aged forty-five years, patient of Dr. Warren, Somerset, Ky. Severe pain for twenty years. Passed about forty octagon stones about the size of a pea four years ago. Cholecystotomy December 30, 1900. The gall-bladder was bilocular and adherent to the stomach and duodenum, all of which had to be separated before the bladder could be brought into the abdominal incision. It was necessary to incise each cyst, ten stones being removed from the first, which was low down, and seventy-seven from the upper cyst or fundus. These stones were octagon in

shape and about the size of a pea. They were highly polished. The septum dividing the gall-bladder was torn from within, thus converting them into one cavity. The temperature has never been more than 99.2°. No pain or icterus, and his recovery seems certain.

Talipes.

Ten years ago I presented to the Academy a boy, fourteen years of age, with talipes. He was then walking on the dorsum of the foot, so that it was turned completely backward. Up to that time the astragalus had not been removed in a patient as old as this boy. I removed the astragalus in this case, divided the tendon-Achillis and all the tissues posteriorly. He left me after a few weeks, and I have just gotten hold of him during the last week, and I brought him to the city to present to the Academy of Medicine to show the result of that operation. I was pretty sharply criticized at that time for attempting the operation, and one surgeon made the remark that I would not be able to present him again to the Academy with his foot on. So I found him after ten years in Louisville, Ky., and present him here for the Academy to see. Since that time the operation has been made upon a patient twenty-two years of age, so that it seems that there is no age limit for the operation. This young man has been doing section work on the railroad, and he tells me that he has had as much as six hundred pounds in weight on this foot. There is ankylosis of the ankle joint, but he has had no trouble with it whatever.

Specimen of Ovarian Cyst (Hematoma).

The specimen which I have here is an ovarian blood cyst with twisted pedicle. It was removed from a woman, fifty-six years of age, who had tumefaction in the right iliac fossa, with pain, tenderness and a rise of temperature which ran up as high as 101°. I suspected that she had appendicular trouble, but told the family she might have an ovarian cyst. I, of course, could not verify the diagnosis until the abdomen was opened, and upon opening it I found this ovary, with cystic degeneration and twisted pedicle.

DON'T judge a man by his nose—perhaps it is only sunburned.—*Med. Times.*

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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Dr. J. C. CULBERTSON,
817 W. SEVENTH STREET, CINCINNATI, O.

SATURDAY, MARCH 2, 1901.

SPINAL ANESTHESIA DURING LABOR.

Like all new things in medicine and surgery, spinal anesthesia has its enthusiasts, made up of physicians with and without brains. Unfortunately, the majority of faddists like to have their cases reported first, so that they can be strictly called pioneers in this or that branch of medicine and surgery, hoping that this may be one of the means of gaining fame and renown. Instances are on record where their duty as physicians was forgotten in their eagerness for glory. The writer has never resorted to spinal anesthesia, as the proper case for such an operation has not presented itself, but he has had some interesting experiences with cocaine used subcutaneously, and one case in particular (where life was in serious jeopardy) made an impression not easily effaced.

I understand where, in selected cases, spinal anesthesia is a great boon to surgery, but this indiscriminate injecting of cocaine into the spinal canal is not right nor justifiable, and, in my humble opinion, should not be countenanced by the profession.

In searching the literature of this country I find that Dr. S. Marx, of New York City, and Dr. William Ridgely Stone, of

Buffalo, N. Y., have used this method of anesthesia many times in obstetrical cases, and both are enthusiasts. Dr. Marx reports forty and Dr. Stone thirty-five cases. I give you their conclusions:

1. Dose of cocaine from one-sixth to one-third of a grain. After an interval of six to ten minutes, if no effect, the dose is repeated.

2. Time for giving the injection is when the os is dilated to the size for introduction of four fingers.

3. Uterine contractions were in no way retarded, but they occur without the patient's knowledge.

4. Loss of use of abdominal muscles, and unless patient is told repeatedly to bear down, no spontaneous bearing down occurs.

5. There is no pain, but a feeling of great weight in the perineal region.

Disagreeable symptoms which generally occur during the course of spinal anesthesia are sudden nausea, followed by severe vomiting, not unlike the vomiting the result of administering apomorphia; profuse sweating in many cases; tingling sensations and stiffness of muscles.

After-Effects. — Headache, which in the course of three hours becomes intense, almost beyond endurance. It is said that glonoin, morphine, hyoscine hydrobrom. relieve this condition, and some recommend the taking of the bromides before cocainization. A constant rise in temperature occurs which may go up to 104°-105°, but the pulse remains normal. The temperature falls to normal on the third or fourth day.

Dr. Marx gives the following causes why failure to cocainize the canal may take place:

1. Inert cocaine solution from repeated sterilization.

2. Too little of drug used.

3. Imperfect syringe.

4. Cocaine idiosyncrasy.

5. Faulty technique.

After carefully studying his forty cases Dr. Marx states that relaxation or spasm of the uterus never occurred, and that there was no greater disposition to bleed than in normal cases.

Cases are related by A. Brothers and W. T. Gibbs where involuntary evacuations occurred on the table during an operation. If this complication should occur frequently that alone would be a very serious detriment, and we would have an important factor for a good septic case.

In this operation a faultless technique must be followed out, for there is so much danger of introducing pathogenic organisms even if the skin has been slit where the needle is to puncture.

Tuffier reports that he has had two sudden deaths, but still keeps up spinal cocainization.

Dr. Stone sums up his paper by saying :

1. That this operation does away with the use of an anesthetist, and so makes the delivery less expensive.

2. That spinal cocainization has passed the experimental stage (for which statement he will find few if any endorsers).

3. The only causes of death were due to the sudden withdrawal of cerebro-spinal fluid in cases of hydrocephalus and cerebral neoplasms, and that a recent writer had collected seventeen such cases.

Dr. Stone tells us that high and low forceps operations were easy, but that a version with uterine contractions constantly going on was not so easily performed as where chloroform was used.

This operation truly shows one of the great advancements in surgery, as a fearful mortality would follow a lack of asepsis. It is too soon to state the after-effects on the cord.

There is no doubt that much light has been thrown upon spinal cocainization, but this using of charity patients without discrimination for such a dangerous procedure should be frowned upon, and then

to use forceps and to do versions when the cases do not demand it seems utterly foreign to proper practice. The profession would be better off and fewer lives would be lost if spinal anesthesia was performed only in selected cases. Then and then only is spinal anesthesia a proper and necessary operation. M. A. T.

TOGETHER.

Announcement is made of the consolidation of the *Stylus* with the *Interstate Medical Journal*, both St. Louis medical journals. This is well, for one journal in the same field can better supply the same constituency than two, and the *Interstate Journal* will be made stronger by the union.

In the same city there has been a union of medical colleges, so that where there were four a year ago there are now but two. Such consolidations are nearly always beneficial, and in the interest of all concerned.

This getting together upon the part of the St. Louis medical profession may be emulated in other cities with advantage. Combinations of forces representing intellect and capital is the order of the times. Men may object and talk of vested interests, but in the end are obliged to succumb and yield to a force that is stronger than their personality. In other words, there takes place a survival of the fittest.

Capital has no soul and is impudent, audacious and inclined to be insolent. However, in the language of another, "What are we going to do about it?" The pertinent thing to do is to wait until the band wagon comes along, and at once take passage in the combine. It is the thing to do. The why it is the thing is because it is an adjustment of developments to the irrevocable laws of social science. Three or four thousand men, or any other number, when working along harmonious lines for an attainment of a

specific purpose are much more likely to attain that purpose than if the same work is conducted according to individual inclinations.

The St. Louis members of the medical profession have acted wisely in all of their unifications. The colleges have been strengthened and their journals are made stronger.

In the first two-thirds of the nineteenth century the tendency of the times was to a segregation of all sorts of interests until individuality was reached. The swing of the pendulum had reached its limit. Then reverse conditions met with favor, and individuality gave way to consolidations, systems, pools and trusts. This has become typical of the world's work in the beginning of the new century. At first the terms pool, system and trust grated harshly on the American ear, but they have become acceptable and no longer produce an irritation of the auditory nerve. Medical colleges and medical journals feel the influence, and, as may be observed, are willing to put themselves in the way of an influential combine.

There is a deal of sentiment that bubbles over whenever there is an intimation of consolidation of alleged vested interests. This sentiment is to be respected, but in the world's credit account it does not figure half so largely as confidence. The very word confidence means and infers strength. To form college and journal combinations gives at once an impression of an indefinite addition of strength to the organization concerned.

Great capitalists who represent gigantic interests in the financial world, when jealous of the strength of rival concerns, see that it is well to get together, and they do combine. So with medical colleges and academic schools; they are feeling and seeing their way clear to unifications. Differential walls of separation are sensibly melting away. Some may say that this is not the best thing that can

happen, and perhaps the opinions of such men are deserving of profound consideration, which should be given. Nevertheless, they stand some chance of being lost in the shuffle.

First of all, the individual that stands in the way is almost sure that his interests will not be conserved, just because of a personal weakness of which he is personally conscious; or he may be laboring under a delusion of grandeur, or the motive may be of a most reasonable and justifiable character, save and except that he cannot see the trend of conditions which are morally certain to inure to the greatest good for the greatest number.

Where will all this tendency to combine end? The writer does not know, but he does know that the combine sentiment and element are a proposition just as pertinent to medical colleges and medical journals as they are to any other business or occupation in life.

ENDOWMENTS.

Medical schools and colleges must be endowed, because it is right that their revenues should be supplemented in order that teachers who are giving their lives to research work may be reasonably compensated.

It is a question of vitality as to whether those who intend to study medicine should take an academic course or not. It is desirable that students should attend college and take an A. B. degree, but it is not essential. The secondary schools, designated as high schools, carry the student along until he is fairly well prepared to enter the freshman year in a medical college, where the curriculum as a mental trainer may be considered as equivalent to an academic course. If there is any difference it is in favor of the one leading to a medical degree. The young man or woman who graduates in medicine has a splendid practical education for any occupation in life which they may see fit to pursue.

Ostensibly medical colleges are designed for an instruction of those who are preparing for a medical career, but in the future it is believed that there will be many who study medicine with a view to entering upon other life pursuits. A medical college training admirably adapts a man for professional teaching as a pedagogue, for the law and ministry, and above all, for trade and commerce. There is not an academic college or university from Harvard to Stanford that gives a course of instruction in moral philosophy that is equal to that given in nearly every medical college. From the time a student enters a medical college he is imbued with a moral training until he is able to differentiate between that which is morally right and that which is morally wrong to a degree entirely novel, unheeded and unreached by the merchant trader. To this there are well-known exceptions, and it is because they are rare that the exceptions are well known.

Men may and do sometimes sneer at the code of ethics, forgetting that physicians have from time immemorial practiced their profession according to a code that is similar to that enunciated by the American Medical Association. The latter is only an elaboration of the Hippocratic oath and made suitable for the modern physician, and inculcates the teachings of a Divine Master as well as those of the Father of Medicine.

There is no study comparable with that of man. Hence, while academic studies are valuable and not for one moment to be lost sight of, or depreciated, they are as trainers of students for a life pursuit inferior to a course in medicine.

Time in student-life is an important element, and it has come about that with four years in high school work, four years in college or university, supplemented by three years in medicine, the course becomes burdensome, and the young man gets at his life-work too late. At least three years

of this time can be advantageously abstracted without serious detriment.

The writer has always been an advocate of higher education, but recognizes that there may be too much of a good thing. Men who enter the learned professions are students all of their lives, so that this shortening by three years of the course of study in medicine is not lost by any means. The chief difference is found in the fact that he is pursuing an elective course after graduation.

Because of some of the reasons enumerated medical schools should be endowed. They perform a service for the State that is in fact primary in importance to that given by academic institutions. The writer does not for a moment desire or wish to detract from the value of an academic course, but more and more feels assured of the great importance and desirability of a medical course from a plain, ordinary, utilitarian standpoint.

In medical colleges a large ratio of teachers come to the class direct from an occupation that is practical, and in touch with all humanity. He of necessity reflects to his class more or less of his daily doings, and of his successes and failures in attaining results which are satisfactory; and it would be indeed a queer medical lecture that did not touch upon man's relations to the moral humanities of life. The fact is patent that the world has greatly profited by the teaching of medicine, and has never felt a real necessity for making a reciprocal compensation. All that a man has will he give for his life. Every one understands that, and fails to comprehend his obligations. Life is held to be entirely too cheap, but the feature of an education that is every time equal to and the equivalent of an academic course as a mental trainer has been too greatly neglected.

An evidence of the moral and mental training given students in medical colleges is found in the fact that the cruelties and

brutality of hazing as practiced in many academic schools and colleges is absolutely an unknown feature in medical college life. The entire course of training in medical schools is such as to lead young men and women in walks of refinement, deportment and culture, from which it is exceedingly rare to have occasion to note a departure or any infractions of behavior such as would call for reproof. That in some instances, long since past, there may have been infractions of good behavior and manners is not questioned, but that was in the period when a preliminary education was not required of those who entered upon a study of medicine. The student who fails to conduct himself as a genteel gentleman has no legitimate right to enter upon the career of a physician.

EDITORIAL NOTES.

THE Cincinnati Obstetrical Society met with Dr. C. A. L. Reed at the Queen City Club on the evening of the 21st of February, 1901. It was the occasion of the installation of the new President, Dr. J. M. Withrow, and the retiring of the Ex-President, Dr. Reed. The Society was entertained royally by the retiring President, and after a sumptuous repast Dr. Reed introduced Dr. McMurtry, of Louisville, one of the foremost gynecologists of the United States, who gave us an address full of wisdom and truth. Only two of the charter members of the Obstetrical Society are with us now, Drs. Reamy and Miles, and Dr. Reamy, in his address, referred to many interesting facts of the Society's early career. Dr. Withrow's address was given in a forcible manner, and was received with much applause. The other speakers of the evening were Drs. Taylor, Gaither, Tate, Hall and Carpenter. It seems somewhat superfluous to say that Dr. Reed as a toastmaster was a success, and that his remarks simply bubbled over with wit and brilliancy. The new year

of the Society starts with renewed vigor, and readers of the LANCET-CLINIC will have an opportunity of knowing by our papers and discussions the amount of work done in this progressive society.

M. A. T.

THE Academy of Medicine had for its last meeting a very distinguished guest in Dr. Stone, of Washington, D. C. Our genial President, Dr. Bonifield, in a very neat speech introduced Dr. Stone, who returned some of the compliments by praising the profession in our Queen City. Dr. Stone read a paper explaining the technique of his operation for prolapsus uteri. This operation deserves especial mention, as it is quite an aid to gynecologists in the curing of many of these deplorable conditions. To those who are interested in operative gynecology, and for a full description of the technique, look for Dr. Stone's admirable paper, which will appear shortly in the LANCET-CLINIC.

M. A. T.

ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERACY.—The annual meeting of this association will be held in Memphis, Tenn., in connection with the annual re-union of the United Confederate Veterans, May 28 and 30. The Committee of Arrangements have sent out the following circular letter:

MEMPHIS, TENN., March 1, 1901.

DEAR DOCTOR: The Association of Medical Officers of the Army and Navy of the Confederacy will convene in Memphis, Tenn., May 28-30, 1901, during the meeting of the Confederate Re-union. All Surgeons, Assistant Surgeons, Acting Assistant Surgeons, or Contract Physicians and Hospital Stewards, in the Army and Navy of the Confederate States, and all regular physicians who served honorably in any capacity in the Confederate States Army and Navy, and all regular physicians who are sons of Confederate Veterans, are eligible to membership.

You are cordially invited to attend said meeting and contribute reports of important cases coming under your observation, and any reminiscences worthy of preservation connected with

your service in the Army and Navy of the Confederacy.

If you desire to become a member of the Association, and expect to attend the meeting next May, please fill out the enclosed blank and return the same to the Secretary at once, in order that your name may appear on the roll.

Respectfully,

A. L. ELCAN, M.D.,
G. B. MALONE, M.D., Secretary.
Chairman,
281 Main Street, Memphis, Tenn.

The enclosed blank alluded to contains space for name in full; time and place of enlistment; rank at time of enlistment; rank at close of war; character of service—army or navy; when and where surrendered; present address, and remarks.

Any further information desired will be most cheerfully furnished by Drs. Malone or Elcan, of Memphis, or Dr. Deering J. Roberts, Secretary of the Association, of Nashville, Tenn.

Nothing will be left undone to provide for the comfort, enjoyment and pleasure of the survivors of the late war between the States. Every man, woman and child in Memphis is fully enthused and thoroughly aroused, with a full determination that the occasion shall be both eventful and momentous to everyone who may be so fortunate as to attend.

The doctors of Memphis will see that their end of the line is fully kept up; and with a uniform railroad rate of one cent per mile over all Southern and South-eastern roads, the attendance should surely be a feature of the occasion.

CARBUNCLES. — Creel has relied on Ecthol given internally, in doses of a teaspoonful, in cases of carbuncle, flax-seed poultices applied locally, emptying of pus, scraping out of dead tissue and cleansing with peroxide of hydrogen; after this a topical application of Ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—*Journal American Medical Association.*

"GRAPE" BOUGIES IDEAL.—I can candidly say that I regard your No. 321, Protargol Gelatine Bougies as an ideal method of applying protargol, and far superior to injections for local treatment in cases requiring such remedies.—F. W. BEILSTEIN, M.D., Morton, Illinois. (See Grape Capsule Co. adv. on page xii.)

Current Literature.

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A Pen Portrait of a Great Surgeon.

As tending to show a rare combination of geniality, exuberant good humor, modesty, forcefulness and energy, with the more strictly scientific attainments that go to make up the ideal disciple of *Aesculapius*, we abstract from the *Medical Dial* for January the following pen portrait from an article on "The Surgeon in War," by Charles E. Hands. The author was in bed in Mafeking with a bullet in his thigh. He says:

"After Dr. Davis had gone away with his regiment on General Mahon's march, I was lying in bed one day minding my bullet, and thinking about the time when I should get up and go for a walk, pondering the terrible abyss of time that stretched between breakfast and lunch, and wondering about all the kinds of things that people wonder about when they are minding bullets, when I heard a strong, hearty man's voice in the house, and there came into my room the most cheerful looking old gentleman I have ever seen in my life. A hearty, healthy, vigorous old gentleman, who came bustling in full of life and energy, with a whimsical smile on his shrewdly good-natured, kind, beaming, big, broad, clean-shaven face.

"'Weel,' he said cheerily, with a Scotch accent, as he took my hand between his two big, firm palms and gently shook it, smiling meanwhile like a benevolent uncle, 'weel, I've just come to see how ye're getting on. Eh, but I know all about ye! Eh, my laddie, but they're all verra consairned about ye down country there. And I'm glad to see ye.'

"And he continued to shake my hand and smile, and I smiled back and shook his hand, and said that I was—as was perfectly true—downright glad to see him, although I hadn't the faintest idea who he was, except that I seemed to know at once that he was a great surgeon.

"'Then,' said he, 'I'll just give ye my caird; and if he had said he would just give me a thousand pounds he could not have said it in a kindlier tone of impulsive benevolence. I remember saying,

'Thank you, sir,' as I took the pasteboard he handed me. It said in plain, formal type, 'Professor John Chiene, Consulting Surgeon to the Forces, South Africa.'

"Professor Chiene! I had never seen him before, but I had known of him all my life. One of the famous surgeons of the world. Dozens of times I had heard doctors who had been Edinburgh students exchanging pleasant reminiscences of John Chiene. This was a slice of luck indeed.

"I said what I had to say, and he went on to tell me that 'Airchie Hunter'—that was General Hunter—had given him leave to come up to Mafeking to see if he could be of any service to the wounded lying there. He seemed to think that it was a personal kindness on the part of Airchie Hunter to let him come, and I am sure that he felt positively grateful to the wounded for giving him the opportunity of coming.

"But at that time I knew that General Hunter's division was a hundred odd miles away, somewhere on the other side of Vryburg, that there was no railway through, that there were only rough, boulder-strewn tracks for roads, and that the only people on the way were low-class Dutch, who were nearly all rebels and all thieves. How, then, had he managed to get through to Mafeking, I asked him. Did he have an escort? Oh, no, no escort—capital adventure to come without an escort.

"He had made the journey in a sort of rough cart—most enjoyable kind of travelling in a rough, jolting cart! One of the horses had broken down—splendid fun! Had slept out on the veldt—glorious sleeping out on the veldt! Never was such a blanket! They got no water one day—extraordinary fun being thirsty! Had given a lift to a belated correspondent on the way—capital chap, that correspondent! Most entertaining companion! Had just got to Mafeking and found a lodging in the remains of what had been a hotel before the big shells knocked the end wall out and the roof off—charming place, Mafeking! Beautiful sight, all that bare sand! Capital taste sand had, too, in your food! And how lucky to find a room in the hotel with the end wall out and the roof off. Most convenient for looking out of! And the ration bread made out of bran! Really

most wholesome food and wonderfully agreeable eating!

"Buoyant! — why, Professor Chiene would have floated in hydrogen gas. He told me a story about a Scotchman enjoying himself at a funeral, and laughed as he told it, and made me laugh till I could feel my bullet wobbling about in its hiding place. He made me feel so much better that I wanted to get out of bed and practice walking, but he wouldn't let me.

"Then, when my doctor came in, he got to business. He ceased laughing and put on a grave, thoughtful, shrewd look, though he still kept a keen, humorous twinkle in his eye, and went into the consultation. He listened alertly to the doctor's description of symptoms, and to my own, and then he put in some unexpected and seemingly inconsequent questions, which reminded me of something I had forgotten or failed previously to observe. Then he felt over the surface of my leg with finger-tips so sensitive that they almost seemed to see what was underneath, and in a few minutes he knew all about my bullet and my thigh bone, and just what was to be done and when and why. And everything he said turned out to be true, and everything he recommended to be right."—*N. Y. Med. Journal.*

Therapeutic Action of Digitalis and Its Active Principles.

Sir T. Lauder Brunton (*Lancet*, 1900, page 477) analyzes the physiological and therapeutic action of digitalis and its active principles in a paper read before the Thirteenth International Medical Congress. Concerning the employment of digitalis in medicine the author states:

The therapeutic actions of digitalis or of its active principles are: (1) They regulate the heart's action; (2) assist the failing circulation, and (3) acts as diuretics. In cases of palpitation and functional irregularities of rhythm without organic disease, small doses of digitalis, such as 10 min. of the tincture, are sometimes very useful. The good effect of digitalis is well-marked in cases of palpitation which have come on from physical strain, as by lifting heavy weights, or from anxiety and worry. In cases where the palpitation arises reflexly from irritation of the stomach, better results are obtained by bismuth and rhubarb than by any car-

diac tonics, although the addition of nux vomica to these two drugs assists their action. In cases of aortic regurgitation, where compensation is complete, digitalis is quite unnecessary. In fact, in such cases digitalis may be harmful, as a risk arises from fatal syncope, for the blood in the arterial system is emptied backwards into the heart in aortic regurgitation, as well as forwards through the arterioles into the veins, the blood pressure tending to become very low during the cardiac diastole. Should this diastole be prolonged the pressure may sink much below the normal, and the risk of syncope is increased.

Digitalis is of the utmost service when the mitral valves become incompetent, either in consequence of damage to the valves themselves or in consequence of dilatation of the cardiac orifices from weakness after infective diseases, such as in influenza, or from failure of a hypertrophy consequent upon aortic regurgitation or renal disease. Nor is it only when the heart has dilated so much as to render the mitral valves incompetent to close the dilated mitral orifice that digitalis is useful. It may be of service before this period by lessening the ventricular dilatation during diastole, and thus diminishing the amount of blood which can regurgitate into it. At the same time, by contracting the arterioles, it lessens the onward flow, and thus in a two-fold manner retains the blood in the aorta during the diastole and renders the pressure of blood within it more steady, less jerking, and more nearly normal.

To get the best results in severe cases the use of the drug should be associated with rest in bed and massage. By the use of massage, in addition to digitalis, a good deal of work may be taken off the heart, because instead of having to drive the blood right round from ventricle to auricle, it will only have to drive the blood to the periphery—the movements of the masseur returning a great deal of both blood and lymph from the periphery to the heart.

Concerning the use of digitalis in fatty heart, the author says that it is by no means easy to ascertain absolutely that the heart in any patient has undergone fatty degeneration; but when we find that its beats are feeble and its sounds weak disproportionately to the size of the organ, we will do well to be on our guard against possible injury from digitalis. It is evident that if digitalis causes contraction of the arte-

rioles as well as of the heart, and the heart has undergone fatty degeneration while the muscular fibres of the arterioles have not done so, the resistance to the cardiac contractions will be increased, and a heart that is already hardly able to carry on the circulation may be still further hampered by the drug. In such cases, if it is wished to stimulate the heart by digitalis, we ought to lessen the resistance in the arterioles by the simultaneous administration of nitrites, such as nitro-glycerine, nitro-erythrol, or ethyl nitrite, the latter best given in the form of spirit of nitrous ether. The same precaution should be adopted in cases where the arterial tension is high and the heart is just beginning to fail; but in such cases we have also to remember the risk that may arise from the already high tension being increased and leading to a rupture of a vessel in the brain. Here, also, it may be well to avoid digitalis altogether; but should it for any reason be thought advisable to use the drug, not only should nitrites be given at the same time, but great attention should be paid to the condition of the bowels and liver.

From pharmacological researches, the author concludes, we learn a great deal about the action of individual drugs, but there is still an enormous field for investigation in regard to the action of drugs in combination, and although we have no definite information as to why the administration of mercury along with digitalis should greatly increase the utility of the latter, there can be no doubt whatever that this is the case, and that when digitalis alone fails to produce the result desired, it will frequently act most efficiently if mercury be given along with it.—*Merck's Archives.*

Operative Treatment in Pulmonary Phthisis.

H. Sarfert (*Med. Press.*, December 19, 1900), at a recent meeting of the Berlin Verein für Innere Medizin, discussed the question of operative treatment in pulmonary phthisis.

After enumerating reasons for operating, the speaker said that the difficulty lies in the selection of cases. Operation alone can assist, as nothing can be done by any other means. Up to the present, however, it cannot be denied that poor results have followed operation. Frequently the chief seat of disease has not

been hit upon. Often the other lung is diseased, and often there is amyloid disease. Disinfection has not helped, and frequently the drains do not act. A condition of success is that there should not be a number of cavities in the lung, but only one large cavity near the surface of the lung. These conditions are only rarely present, but if they are present only once in a thousand cases operation is then justifiable. Above all things, the patient must not be too much run down. It is not necessary to remove all the diseased structure, for as in resection of a tuberculous joint the irritation set up by the trauma leads to reactive inflammation, adhesions and formation of cicatrices, with elimination of the diseased tissues. He had seen tuberculous peritonitis cured by simple laparotomy.

As regards technique, Sarfert opens the chest with a wide incision, so that the cavity may be palpated. He has performed about one hundred and fifty operations on the cadaver, in order to learn the best method of operating. He recommends the incision over the second rib into the axilla, to ligature the small vessels, to cut through the muscles, to lay open the ribs, cut them, or better still break them, and then open the cavity by means of the Paquelin cautery. Opening into the pleural cavity need not be feared, as in old cases the two surfaces of the pleura are glued together.—*Med. Age.*

Strychnine in Tic Douloureux.

Strychnine has been used in large doses by Dr. Chas. S. Potts (*Therap. Gazette*, xxiv, No. 10) for the relief of two cases of tic douloureux. The first patient was a woman of forty-five, who began to have pain in the infraorbital region about a year previous to coming under observation. This pain gradually increased in severity, and became associated with severe paroxysms of pain darting in the course of the three branches of the trigeminus. Profuse lachrymation attended the attacks, eating was often impossible, and sleep had been practically impossible for some time. She was put to bed, given a liquid diet, principally milk, a tonic mixture of tincture of iron and Fowler's solution and strychnine was injected hypodermically, the first injection containing one-thirtieth grain, the dose being gradually increased to one-

eighth grain in seventeen days. This latter dose proved to be the maximum safe dose for this patient. In about a week after commencing the treatment the pain had markedly subsided, and in six weeks more the patient felt entirely comfortable. Freedom from pain continued for twenty-one months, when, after a season of hard work and insufficient rest, the pain returned, becoming so severe that she could not go to bed for several weeks. It resisted all the usual treatment for neuralgia. The patient then again applied to the doctor, and the same treatment was instituted. By the end of the first week there was marked relief, and in seventeen days all pain had disappeared. There had been no return of pain up to the time of writing—fifteen months afterward.

In the second case, a woman of thirty-nine, the strychnine treatment was of no avail, and she was operated upon—removal of second division of fifth nerve, —together with spheno-palatine ganglion with good results.—*Merck's Archives.*

Immunity.

It is not unusual in the experience of bacteriologists at one time or another, when raising the virulence of a strain of bacteria by passing the virus through a series of rabbits, to find every now and then certain of them which are unaffected by the inoculation. This individual immunity is often noticeable in man, for in any serious outbreak of diphtheria, plague, small-pox, or typhoid, there will be found those who not only may be in attendance on infected cases, but may also be in far from good health themselves, and who yet do not contract the disease. The cut-and-dried explanation of the above generally given is that the reason they do not suffer from the epidemic is that they are naturally immune, leaving, however, the question of why it is so unanswered. It has been lately shown that the Arabs as a race are immune from enteric fever, and the theory has been advanced that the immunization is attained by reason of the fact that the Arab in childhood is habitually accustomed to drinking foul, unwholesome water. It has been further pointed out by those who support these views that army medical statistics show that diseases of the digestive canal are twice as frequent among European troops

as among the native soldiers in Algeria and Tunis. In traumatic infections the serous membranes of the Arab are very resistant, and particularly the peritoneum and the pleura, which probably accounts for the very exceptionally favorable results in abdominal surgery among the Arabs. In striking contrast, however, with the above, it is found that Arabs, as a race, are singularly subject to pulmonary affections, and exhibit a very marked susceptibility to pneumococcal infection. Exceptions in regard to infections are very interesting studies, but it would seem difficult to establish the fact that there is such a condition as absolute racial immunity. In the case of anthrax, though it is very fatal for ordinary sheep, Angora sheep are not affected by it, and in the same manner ordinary rats are susceptible to anthrax whilst white rats are immune, but these statements do not apply if the animals are placed under abnormal conditions.—*Med. Press and Circular.*

Anticancerous Serum.

The discussion on the subject of the anticancerous serum of Dr. Wlaeff was continued (*Gazette Hebdomadaire*, December 2, 1900) by MM. Le Dentu, Berger and Lucas Championnieré. "The parasitic origin of cancer is far from being positively demonstrated and therefore the consequences that follow from it, so far as applied to this treatment, are doubtful," said M. Le Dentu; "but, however doubtful they may be, favorable results have been obtained; still, I do not think that they differ essentially from those furnished by the inoculation with the cultures of the streptococcus of erysipelas—pure or combined—with others of injections of the serum of animals inoculated with the fluid, or even with the pulp of cancerous tumors or of inoculation of the yeast of beer.

"Some ameliorations have been obtained in epithelial tumors and so far there has been no unfavorable result following such a use of this new serum.

"In the cases in which it has not done any good it certainly has done no harm.

"In summing up," said M. Berger, "however precarious the results so far obtained with the serum of Wlaeff may have been, I think there is in it, considering the poverty of our resources against cancers that cannot be operated on, a

means of experimenting and even of treatment which should not be hastily thrown aside."—*Sanitarian.*

Advanced Medical Education.

It is gratifying to those interested in the best good of the medical profession to see how rapidly though gradually an elevated standard of medical education is being adopted all over the country. The equipment necessary now for the conducting of a good medical college is such as to preclude a successful establishment of the wild cat institutions of but a few years ago. A sentiment permeates the entire profession which would prevent the success of any such institution. The era of consolidation is upon us and all over the country the different medical colleges are coming together in the holy bonds of wedlock and the resultings and products in every case are stronger and better after the union. The undignified competition which previously obtained, disappears and the general well-being of the profession follows. St. Louis has been more favorably affected with this spirit than almost any city. While she has been notorious in the possession of supernumerary medical colleges in the past, she is one of the first cities to realize her condition and to correct it. It is but a few months since the old St. Louis Medical College and the Missouri Medical College were consolidated and became the Medical Department of Washington University, and now the fact is made known that the Marion-Sims Medical College and the Beaumont Medical College have also been united in the holy bonds of wedlock.

When we consider the component parts of the respective institutions we could almost wonder whether the union would be harmonious or not, and yet all parties interested have arrived at that degree of maturity, that their aggressive ambitions will have been softened and this will tend to render the marriage a happy one. There is certainly strength in union, and the new institution must be a great improvement upon the individual ones which have been united. There remain two other medical colleges in St. Louis which will no doubt later come together forming another strong institution. If such occurs St. Louis will still have three regular medical colleges, enough in all conscience to supply her de-

mands. We wish the various St. Louis colleges, united and ununited, all the success which they deserve.—*Med. Mirror.*

Noma.

M. Guinon presented to the Société de Pédiatrie (*Progrès Médical*, December 22, 1900) a child that had been cured of noma. This terrible disease is properly cancrum oris or gangrene of the mouth. The treatment employed by M. Guinon consisted of cauterization with the thermocautery and interstitial injections of oxygenated water around the seat of the mortification, two cubic centimeters of oxygenated water diluted one to five. These injections manifestly exercised a very favorable action by limiting the spread of the gangrene and also on the effort to eliminate the eschar; but they have the inconvenience of being painful. During convalescence, this child, much weakened by the disease and suffering, was attacked with purulent pleurisy, which M. Guinon treated for empyema, and finally, with oxygenated water employed as a local application and a wash as one part to ten. The little patient may now be considered cured and on the road to perfect health. M. Guinon insists on the advantage of oxygenated water employed as a local application and a wash around the walls of the suppurating cavity.—*Sanitarian.*

Typhoid Under Two Years.

In addition to Dr. Samuel's case of typhoid in an infant of eighteen months, quoted in the October number of the *Clinic*, and the cases reported at Stamford and Monclair, we may add those of Dr. Blackader in the September number of the *Archives of the Pediatrics*. In 100 consecutive cases observed in the city of Montreal, Dr. Blackader notes that four of these cases were in children under two years of age. In the discussion of this subject at the last meeting of the American Pediatric Society, Dr. J. L. Morse, of Boston, insisted that both fetal and infantile typhoid are possible. Dr. Morse believes there is no reason why infantile typhoid should be more unusual in infancy than in later life, except on account of the character of the infant's food and lessened exposure to typhoid germs. Moreover, it is very probable that many of these cases

of infantile typhoid escape recognition, as they often lack the characteristic symptoms of typhoid in the adult. Two of Dr. Blackader's cases were at first mistaken for meningitis and the diagnosis in the two others would have been doubtful but for the existence of typhoid in the family at the same time.—*Chicago Clinic.*

Cacodylate of Sodium as a "Cure" for Phthisis.

Of all the so-called "cures" for consumption that have been foisted on much defrauded humanity, none can be more dangerous than the cacodylate of sodium. As a matter of fact, that compound, which contains no less than 55 per cent. of arsenious acid, is advertised in the public newspapers as a harmless cure for all stages of consumption. Dr. Murrell has put the matter to the test by prescribing one grain of the cacodylate thrice daily to a patient suffering from advanced lung tuberculosis. This small dose produced dangerous symptoms of arsenical poisoning, and, needless to say, left the tuberculous mischief unaffected. In his original paper advocating the use of the drug, Gautier advocated the use of .75 gramme hypodermically several times a day, and stated that no arsenical poisoning resulted. Similar large doses (ten grains) are actually advised by the druggists who are advertising the cacodylate of sodium in the general press as a "cure" for consumption.

In view of Dr. Murrell's experience it is clear that the vendors of this fallacious and dangerous remedy are incurring a most serious responsibility. After the publication of this timely warning by an eminent authority upon the action of poisons no druggist selling the cacodylate otherwise than on prescription can be absolved from any evil consequences that may follow from the administration of the drug. It is hardly possible to give too much publicity to the facts of this death-trap remedy, which affords a striking proof of the danger of self-medication.—*Med. Press and Circular.*

Cost of Public Baths.

The *Medical Record* cites as a striking example of the extravagance prevailing in the conduct of our city government the

offer of a charitable organization to conduct the new public baths in Rivington Street for less than half of the sum asked for by the municipal authorities. The Commissioner of Charities asked for an appropriation of \$52,000 to run the baths for a year; the Board of Estimate allowed him \$35,000, and now the Association for Improving the Condition of the Poor offers to do the work for \$17,500 and to furnish soap and towels, articles which the commissioner did not seem to regard as necessary accessories.—*Sanitarian.*

THE CUTANEOUS ABSORPTION OF METHYL-OLEO-SALICYLATE.—There can be no doubt of the great advantage of administering the salicylates cutaneously instead of internally, especially where large and repeated exhibition of the drug is required. Salicylic acid itself, however, cannot be employed as an ointment or liniment, on account of its caustic action which renders the skin impermeable after a short time, and wintergreen has been therefore recommended to replace it.

Not only is the pure salicylate of methyl (found in wintergreen, betula lenta, and other natural sources) vastly superior to the artificial salicylate of soda in its influence on the organism, but in addition it possesses the notable property of penetrating the skin with great rapidity and entering into the general circulation. Oil of wintergreen is a pure methyl salicylate, but it is no longer found in commerce on account of the cheapness of the artificial salicylate of methyl, whose physical characteristics resemble the true wintergreen, and can only be detected by its disappointing physiological results; besides, it is never free from the danger due to the presence of toxic impurities, which give rise to alarming symptoms if absorption is long continued.

This synthetical methyl salicylate (and even true wintergreen or sweet birch oil), however, often produces irritation and redness of the skin so that only small quantities can be applied on any one particular spot at a time, but *methyl-oleo-salicylate* or *Betul-ol* is free from any of these objections and is perfectly harmless, anodyne and non-irritant, even when applied with friction. This is the most practical method of administering salicylates, either internally or externally, and far from lessening the faculty of absorption through the skin, this increases with each application and can be traced as salicylic acid, in the urine, a few minutes after application.

Betul-ol is a compound *methyl-oleo-salicylate* derived from *betula lenta*; it is more quickly absorbed and is not more expensive than wintergreen oil, besides having great advantages as a means of relieving the symptom pain, almost as soon as applied. It is absorbed when applied on any part of the body, which, however, should

first be washed with a little warm water, and it is even unnecessary to apply it to the painful part, where there is great tenderness.

The alkalinity of the blood converts *Betul-ol* into salicylate of soda during its absorption through the capillaries, and at the same time the sedative action of the methyl radical is produced. The amount of salicylate of soda thus created in the blood itself (a distinct advantage over its exhibition by the stomach, which rarely tolerates large and useful doses) is exactly equivalent to the amount of *Betul-ol* absorbed, so that *one minimum of Betul-ol represents one grain of salicylate of soda* and very much smaller doses suffice, as compared with the dose required internally, to relieve the pain in acute rheumatic affections.

In a normal individual there exists an insufficient quantity of carbonic acid in the blood to liberate salicylic acid from its salts, but if experimentally or pathologically there is an increase of this gas, the acid regains its free state.

Kohler has attained these conditions in the laboratory and under certain pathological conditions, the tissues themselves contain an excess of CO_2 , which readily decomposes salicylate of soda. In a violent local inflammation, then, such as is produced by an attack of acute articular rheumatism, a nascent acid is formed at the very seat of the lesion, and a powerful antiseptic action is exerted.

This would also explain the efficiency of *Betul-ol* in local inflammations, such as tonsillitis, iritis, urethritis, gonorrhœal epididymitis, etc., and why salicylates produce a diminution of germ life, and antagonizes rheumatism which is considered by many to be an infectious germ disease. The fact that failures with salicylates are more frequent in chronic forms of rheumatism is not a contraindication to the cutaneous administration of *Betul-ol*, for the same fact holds good of all forms of treatment as applied to chronic disease.

For a rheumatic joint, the effects of the methyl-oleo-salicylate are the same as in cases of gout, acting on the theory of the elimination of uric acid and allied oxidation products by combination with salicylic acid.

Betul-ol may be used alone or to supplement the internal exhibition of *Colchi-Sal* in gout and gouty rheumatic cases, and it has over the exclusive internal medication, the immense superiority of acting *loco dolenti* and without disturbing the digestive functions.

The penetrating power of *Betul-ol* has been recently applied in the treatment of endometritis and its complications, salpingitis, etc., and especially in blennorrhagic cervical endometritis (by painting the cervix); it also promptly relieves pruritus, prurigo and lichen simplex. *Betul-ol* in fact is applicable wherever we look for local anti-rheumatic, anti-podagric and anti-septic results. To ensure proper absorption the part should be covered with a soft impermeable tissue (gelatino-silk tissue is best), and afterwards enveloped in cotton wool to maintain the temperature.

Betul-ol contains no morphine or cocaine, but these may be added in prescribing if desired; it is soluble in all proportions of ether, alcohol, chloroform or oils, and may be used either pure or in combination as a liniment.—*ED. GROS, Paris.*

Translations.

**MEDICINE AND MORALS OF ANCIENT
ROME ACCORDING TO THE
LATIN POETS.**

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

I.

Lyric, Elegiac, Epic and Didactic Poets
—Ovid, Horace, Catullus, Tibullus,
Propertius, Virgil, Lucanus and Lu-
cretius.

TIBULLUS.

Aulus Albius Tibullus was one of the poetical glories of the age of Augustus. He belonged to one of the most illustrious families of Rome; and, although still young, was attached as major to the army of Val. Messala, and in this military capacity went through several campaigns; but after the war with the Aquitanians, he abandoned his military career and gave himself up to poetry. He had as friends Ovid and Horace.

We see that Tibullus had talent, wealth, beauty, and most brilliant qualities of mind and heart. He sought his poetry, like most poets, in the inspiration of women—such betaires as Delia, Sulpica, Nemesis and Neera, all distinguished for their bright minds and glorious beauty. He was the lover of all; and, finally, died in the height of his poetic fame and power in the arms of Delia and Nemesis, who covered his face with kisses and tears as he gently passed away from life to the Elysian fields.

The poems of Tibullus are, for the most part, jewelled collections of glittering word elegiacs. His eulogy has been often written in various ages by admirers.

Mirabeau says of him: “That delicious Tibullus whom it is necessary to read, re-read, know by heart, and then re-read again.”

Laharpe remarks: “Tibullus, the poet of sentiment, is superior to all his rivals. His style is of exquisite elegance, his taste pure and his composition irreproachable. He has a charm of expression that no translator can render, and can only be

felt by the heart. His delicious harmony transports the soul with its sweet impressions; his is the book for lovers. He had, moreover, that taste for the country that so well accords with true affection; for nature is always more beautiful when it sees but one object of love. Happy the man of such a tender and flexible imagination, that, added to the taste of voluptuousness, is delicate in tracing imagery in words; who occupies his leisure hours in painting his moments of intoxication, and gloriously sings of youth's pleasures!”

In his works are songs of love, the most beautiful ever written by man, and there are but a few things in which he touches on medicine; but he does dwell most fervently on all that touches humanity, morals, sentiments, passions, especially valuable to medical students of biology.

Let us briefly dwell on the views of Tibullus on death, that to him was merely a phenomenon of terrestrial existence. “May my fond glance rest on thee when my last hour comes; may I, in dying, press thy trembling hand. Thou, thou wilst weep, Delia, when my body shall be placed on the funeral pyre, and thy tears will commingle with thy parting kiss. Thou wilst weep; thy breast is not made of steel nor is thy heart a stone. All that are young will return from my funeral rites with dry eyes. But thou, for fear of afflicting my manes,¹ spare thy lovely floating hair, spare thy delicate white cheeks, O my Delia, loved one! However, pray Destiny may permit it, love shall unite our hearts again—soon death will come and thy head be covered by a somber veil. Very soon an idle old age would have come to me, and love and tender words would be no more, for our heads would have grown gray.”

Tibullus was of delicate constitution, and had a presentiment that he would die young. He said to Messala, under whose orders he found himself at Corfu, on an expedition of which Asia was the objective: “Traverse the Ægean Sea without me, but vow to the gods that thou and thy companions shall keep my memory green when I return sick to Pheacia, that unknown country.

“ Me tenet ignotis ægrum Pheacia terris.”

¹ In sign of mourning many Roman women threw their hair on the biers of the dead. This custom caused the invention of wigs.

"Somber Death, withhold thy hands and spare me! I have no mother here who will tenderly gather my ashes in her mourning robe, nor any fond sister to throw o'er my remains the sweet perfumes of Assyria."

These passages show one of the ceremonials of cremation; when the body had been incinerated on the funeral pyre, it was the nearest and dearest relative who received the ashes to be deposited in the tomb, after having been perfumed with rare essences.

Afterwards Tibullus implores the goddess Isis. He exclaims: "Goddess come now to my succor, for thou canst heal me; the numerous tablets that hang on thy temple's walls are proof of thy power; Delia, fulfilling her vow, will seat herself at thy sacred portals, and, twice daily, with hair floating in the wind, will sing thy praise."

The custom of suspending *ex voto*, by the faithful in modern churches, is only an imitation of Pagan morals.¹

The resort to divine power in desperate cases is an essentially human idea, found in the history of all peoples.

Tibullus terminates his reflections on death by the following: "But if I have fulfilled the number of years that Destiny has accorded me, let them grave these words upon my tomb: Here reposes Tibullus, removed by cruel death, while he followed Messala over land and sea."

"Hic jacet immitti consumptus morte Tibullus
Messalam terra dum sequiturque mari."

After his death, his spirit, he trusts, will go to the Elysian fields, and he will be led there by Venus herself,² because he

¹ The same when men invoked Priapus, women attacked with diseases of the sexual organs went to invoke Isis. In the temples to this goddess are seen a great number of pictures of the organs cured. Tibullus says:

"Nunc dea, nunc succurre mihi; nam posse mederi,
Picta docet templis multa labella tuis."

It is well to add, that in the neighborhood of these Pagan temples, there were numerous drug shops.

² Tibullus alludes to the attributes of this divinity, who was nothing else than the allegorical image of the creative power, who succeeds death by life and life by death. Venus, in fact, had one temple at Rome where she was worshipped as the "Goddess of Sepulchres." The ancients recognized several origins for Venus; some held she was the daughter of Heaven and

had always been docile to the tenderest lessons of love. "There," says our poet, "will be only dancing and singing; the birds will fill the air with their entrancing melodies; the perfumed plants, with the breath of the rose, will ever exhale a delicious perfume in that summer land. All, as boys and girls, will play together throughout eternity. It is the land of lovers whom cruel death surprised on earth; there they are recognized and their heads crowned with myrtle."

This is the idea of Tibullus. He makes us see the Paradise of our dreams, that is as good, to our mind, as any other of which we have any knowledge; it is a real Paradise of love; the love of all poets, naturalists and the philosophers.

Tibullus, despite his presentiment of death on this occasion, recovered for the time being. But it is painful to find on his return that his beloved Delia was ill. What her malady was he does not tell us; but ventures to state he one day found her in a bad humor. "Since cruel disease has chained thee to thy bed," says our poet, "it is I who fain would suffer. Three times I have walked about thee with purifying sulphur—

"Ipseque ter circum lustravi sulfure puro."

So we see that even in those remote Roman days the virtues of sulphur were known. Burning sulphur to disinfect a sick room is nothing very new.

An old man affirmed to Tibullus that charms and herbs had something to do with impotency.

"Quid credam? Nempe hæc eadam se dixit
amores
Cantibus aut herbis solvere posse meos."

Herbs played a great rôle in ancient therapeutics. Sorcerers gathered them from among lone tombstones at the rising of the moon; many plants were supposed to neutralize the effects of charms and preserve persons from witchcraft. Pliny cites one, after Homer, called *moly*, that

Light; some that she was born from the foam of the sea; some that she was the daughter of Jupiter and Dione; some that she came from Tyre and was called Astarte. They explained her birth from the foam of the sea by the history of Saturn, who mutilated by a blow, the virile parts of his father, Uranus, and threw them into the sea. In falling, the blood stained the water and produced a foam, from which was born Venus Aphrodite.

Mercury gave to Ulysses to preserve him from the enchantments of Circe; the root of this plant was black, its flower snow white. Many have endeavored to find out what this mysterious plant described by Homer was, but no one has ever yet discovered its variety. Meantime, Linnaeus has bestowed the name of *moly* on a species of garlic (*Allium Moly*), but its flowers are not white, they are yellow.

Linnaeus, the grand Latin naturalist, also mentions another plant, the *certros*, that is nothing more than the officinal betony, the flowers of which are red or white and its leaves hairy or oblong, that produce, when dried, sternutatory effects like tobacco. The root of betony has a penetrating odor; it is emetic and purgative. In ancient times this plant was considered a panacea, and Tibullus mentions this plant when he says to Delia: "I have given thee juices and herbs to efface the bluish traces that two lovers imprint on each others' cheeks with amorous teeth."

"Tum succos herbasque dedi, quies livor abiret,
Quem facit impresso mutua dente Venus."

In one of his poems, Tibullus cites the herbs of seven mountains—

" De septem montibus herbas."

The laurel, when it crackled in the sacred fires, was supposed to foretell a happy year, and laurel leaves obtained prophetic dreams. The poet points out an ancient hair dye, and indicates how to hide the ravages of time by tinting the hair with the green bark of nuts.

"Coma tum mutatur, ut annos
Dissimulet, viridi cortice tincta nucis."

In the midst of some proper notions, what a curious mixture of magic, superstition, sorcery and ignorance. Yet, despite this, many admit that the priests and sybils of ancient Rome produced extraordinary effects by natural methods; if their potions and philters acted on the imagination and nervous system, disposing minds to illusions and hallucinations, it was not astonishing. Tibullus tells us that his sorcerer only knew the malevolent herbs of Medea.

"Sola tenere malas Medeæ dicitur herbas."

Poisonous herbs, evidently such as white *hyoscyamus*, or the yellow and black varieties, hemlock and stramonium, that

are not called without reason "sorcerer's herbs," the great medicinal properties of which, as well as their magical spells, have been duly discovered by methods of modern chemistry in many a laboratory.

The old sorcerer composed for Tibullus various magic spells, by which one could be deceived. "If thou wilt but sing thrice, and then spit thrice, no one will ever believe what may be said of thee; they will not believe even their own eyes."

Spit three times! (*Numero Deus impare gaudet*) was the formality used in enchantments. Pliny, the naturalist, in one of his chapters consecrated to the properties of saliva, remarks: "It is necessary to spit in order to repel sorcery."

The superstitious minds of the Romans drew signs from everything; from meeting a man who limped with his right foot, from serpents, from wolves, from foxes. They were frightened by a shaking, by sneezing, by even kicking a foot against a door, as Tibullus notes, and as has likewise said Valerius Maximus *apropos* of Tiberius Gracchus. The latter knocked his foot with such violence that he broke his toenail and died soon after.

But Tibullus refused to believe either in dreams or their interpretations. "You lie to me," says he, "ye threatening dreams, that towards morning disturbed my sweet repose! Away, ye false imposters! Take with ye that imaginary science of divination, cease to seek in dreams for any certain signs!"

Tibullus believed in the ancient gold cure for many of earth's sorrows. The poet remarks: "Gold is pleasing to young girls, so that Venus and wealth go together. My Nemesis bathes in luxury; in passing down the avenues of Rome she draws the eyes of all by the magnificence of her attire. She wears those fine tissue garments, in which the women of Cos interweave gold with silk."

This influence of gold is found mentioned by all the Latin, Greek and French poets and prose writers, be they sacred or profane,

"Without doubt," says Horace, "money is the king of this world that gives his spouse with a dot, credit, friends, family and a fine figure. Venus and eloquence are always fond of a full purse."

"Icilicet uxorem cum dote, fidemque, et amicos,
Et genus et formam regina pecunia donat."

And what does Boileau say? Whoever rich is, he is all; without wisdom, he is wise. He has nothing to learn; science belongs to him. He has mind, heart, merit, rank, virtue, valor, dignity, blood. He is loved by the great and cherished by beautiful women. Gold, even to ugliness, confers a certain beauty, but everything is frightful in the case of poverty."

Another poet has eloquently depicted the power of this wonderful metallic agent, yet the most malleable of all metals.

"Gold is the magic key that opes all portals,
It is the hand that twines life's flowers for mortals."

Yes, it is gold that smooths out the wrinkled forehead over virginal bosoms. Unfortunately, gold is truly but little employed in medicine; we know this to be a professional truth with which we terminate this little philosophic digression.

In his III Book, Tibullus writes to his friends these lines: "You are now at the springs of Etruria, and it is well to visit there in the dog days. These waters are to be preferred to the sacred waters of Baiæ."

There were, in those days, much frequented springs in Etruria, the most celebrated being those of Taurum, known at the present time by the name *Bagni di Vicarello*, near the town of Acqua Pendente.

The place, known as Baiæ, is located some miles from Naples, on a semicircular hill overlooking the blue sea. In ancient days the fashionable Roman world went there in the proper season. There may yet be seen many ruins of great beauty, but the greater number were buried in the waves. There were once the baths of Nero, the palace of Julius Cæsar, the villas of Cicero and Agrippina, the temples of Venus, Diana, Mercury, etc. The healthfulness of the springs of Baiæ, and their location in such a beautiful part of the Italian country, often drew crowds there, seeking more for pleasure, however, than for health.

The Romans were our masters in matters of hydrotherapeutics.

But neither medicine or mineral spring waters could cure Cerinthea, a young girl with whom Tibullus finally fell in love one summer day. It was in vain that our poet called on Apollo, god of medicine, in her behalf. "Harken to my supplica-

tions and cure the ills of this young girl. Believe me, if thou dost but hasten, thou shalt never regret having given to beauty the succor of thy medical assistance.

"Huc ades, et teneræ morbus expelle pueris,
Crede mihi, propera, nec te jam, Phœbe, pigebit
Formosæ medicas applicuisse manus."

"Prevent consumption from consuming her discolored limbs and wrinkling her white skin.

"Effice nec macies pallentes occupet artus
Neu notet informis candida membra color."

"Come, powerful God! Bring with thee the juices and magical secrets that shall relieve her sufferings.

"Sancte, veni, tecumque feras, quicumque sa-
pores,
Quicumque et cantus corpora fessa levant."

It was in vain that Tibullus invoked Apollo, and that he assured the medical god what glory awaited him in saving a single mortal, while all the other gods would envy the medical skill of Apollo. Cerinthea was the prey of consumption; fever tormented her; her limbs failed her. The poet does not tell us the result of this faith cure, but his prognosis as to the final result, was most probably realized.

[To be continued.]

FIVE years ago the Russian Government assumed control of the manufacture and sale of alcoholic liquors. In nearly all the provinces the saloon has been supplanted by the government shops, in which a guaranteed pure article is sold in a limited quantity to each customer. None is sold to those already intoxicated. These shops are located quite a distance apart, and no one is allowed to drink liquor on the premises where sold. The system is supplemented by officially appointed local committees in each large town, which are supplied with funds to establish attractive temperance restaurants, reading-rooms, and people's palaces. They are expected to maintain a general crusade against the use of alcohol. A portion of the enormous profits of the liquor monopoly is devoted to this purpose.—*Med. Times*.

SEVERAL deaths among children in Toronto, Canada, have been traced to eating ice-cream which had been re-frozen.—*Med. Times*.

Book Reviews.

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The American Year-Book of Medicine and Surgery for 1901. A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs and text-books, of the leading American and foreign authors and investigators. Arranged with critical editorial comments, by eminent American specialists. In two volumes—Volume I, including General Medicine, Octavo, 681 pages, illustrated; Volume II, General Surgery, Octavo, 610 pages, illustrated. Philadelphia and London: W. B. Saunders & Co. 1901. Per volume: Cloth, \$3.00 net; Half Morocco, \$3.75 net.

Surgery.—The plan of dividing the year-book into two volumes has met with great success. Under surgery, editorship of Drs. W. W. Keen and J. C. DaCosta, particular mention is made of interscapulo-thoracic amputation, and of local anesthetics, especially of the use of local anesthesia by means of subarachnoid injections into the spinal cord; a large number of operations upon the stomach for the relief of a variety of affections is also reported in this section; the treatment of appendicitis is discussed at considerable length; under the surgical treatment of gall-stones is noted the article of Dr. Joseph Ransohoff; rectal operations are attracting more attention than hitherto; Cushing describes a new method of total extirpation of the Gasserian ganglion, which is given in full; Ransohoff and Leonard Freeman are quoted extensively in the section on diseases of the kidneys; under military surgery are noted articles by surgeons engaged in the Spanish-American and South African wars; the section concludes with the latest statistics on the X-rays, including the report of the committee of the American Surgical Association on the medico-legal relations of the X-rays. Obstetrics is in charge of Drs. Barton C. Hirst and W. A. N. Dorland. The principal articles are those on the toxicity of the urine of pregnant women and extrauterine pregnancy. The section on gynecology is edited by Drs. J. M. Baldy and W. A. N. Dorland, and is very complete. Orthopedic surgery, ophthalmology, otology, diseases of the nose and throat, and general anatomy are also included in this volume, and are in most able hands.

Medicine.—The editorial management remains the same, except that Dr. A. O. J. Kelly has been associated with Dr. Riesman in pathology. General medicine is in the hands of Drs. Alfred Stengel and D. L. Edsall. Of particular interest are the contributions on typhoid fever; malarial fever abroad, particularly the newer observations as to the rôle of the mosquito in the production of this disease; influenza and cerebro-spinal meningitis, in view of the increased prevalence of these diseases of late; additional confirmation as regards pronounced eosinophilia in trichinosis; added space on blood diseases, showing how important routine examinations of the blood have become. The section on pediatrics has been greatly increased, and is most valuable. The other sections include pathology and bacteriology, nervous and mental diseases, diseases of the skin and syphilis, *materia medica*, physiology, legal medicine, public hygiene and preventive medicine, and physiologic chemistry. Such alterations as have been made are for the best; the present year-book is a decided improvement over that of last year. This system of concise reports of important advances in medicine is a most valuable one, particularly for those engaged in writing articles and reporting cases.

M. A. B.

Transactions of the Luzerne County Medical Society. Volume 8.

The transactions of the Luzerne County Medical Society are collected together in a neat pamphlet of 217 pages, embracing thirty-seven papers, most of them showing more than average thought and experience. There is such a variety of subjects considered that we can only mention a few of the more important papers, such as "The Board of Health," "Medical Legislation and the Irregular Practice of Medicine and Medical Jurisprudence." Osteopathy and other quack "pathies" are considered in a very forcible manner, and the attention of the medical profession is called to their ignorance on the subject of medical jurisprudence, and points are brought forth in this paper of which the profession as a whole are not cognizant. Cases are reported (in other papers) with recoveries that are unusual, and we cite one case, that of a gangrenous appendix with pus and an adherent omentum, where the incision was closed except a space for drain-

age-tube, and perfect recovery followed without even a rise of temperature. Cases like the above show what surgery is doing at the present time in the hands of surgeons who have a goodly portion of luck. One paper on the "Sanitary Science and the Communion Cup" deserves especial notice, because it is well written and deals with a condition of affairs that in this enlightened era should not be tolerated. This society is to be congratulated upon the subjects considered, such as cancer of the uterus, strangulated hernia, antitoxine, phthisis pulmonis, uremia, hematuria typhoid fever, and many others, and while nothing new is brought forth, all show up-to-date medicine and surgery. We trust that the next meeting may be as profitable and full of interest as this one has proven to be.

M. A. T.

A Manual of Hygiene and Sanitation. By
SENeca EGBERT, A.M., M.D.

This work of some 400 pages is now presented to the profession as a revised and an improved book over the first edition, which met with much favor. This book is in a condensed form, and covers much ground, and the only criticism that

we offer is that it partakes somewhat of the mere stating of facts, and does not deal with the subject in as comprehensive a manner as some of the subjects demand. The work is put forth by the publishers in a neat form, and the author has that faculty of being a good writer, and of placing his subject before you in a very readable manner. This work embraces chapters on bacteriology, ventilation and heating, water, food, air, stimulants, hygiene and quarantine. We congratulate the author on his work, and consider it a good textbook for students.

M. A. T.

Toxicity of the Sweat of Epileptics.

MM. Mairet and Ardin-Deltheil have collected the sweat of epileptics between attacks, at the time of the attacks and soon after the attacks. The sweat between the attacks, like that of a healthy man, is not toxic. The sweat taken during the attacks contains the parasite which causes the death of animals; the death was immediate in one case, at a longer interval in two cases in which the sweat had been collected some hours after the attack.—*Sanitarian.*



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A Weekly Journal of Medicine and Surgery.

New Series Vol. XLVI.

MARCH 9, 1901.

Whole Volume LXXXV.

IS ETHICAL MEDICINE MYTHICAL?*

BY CHARLES D. O'HARA, M.D.,
WILLIAMSTOWN, KY.

Since the divorce of medicine from priestcraft by Hippocrates, and since the establishment of surgery as a science, independent of the barber's art, by Ambrose Paré, there have been in vogue certain usages and customs, which by common consent have become laws, intended to govern the lives of those who, by diligent application, have attained a sufficient degree of proficiency in, and are thereby entitled permission to practice either science as a profession—rules of conduct which look to the relation of physicians to patients, to the profession, to one another. These two pioneers in medicine and surgery possessed and evidenced a prophetic knowledge; they realized the necessity for unity of action, honesty of purpose, thoroughness of preparation among practitioners, should the two sciences be brought to their present commanding position. And Hippocrates, standing ever in the van of advancing thought, formulated an oath, which was thereafter administered every graduate of medicine or surgery, announcing his duties, restricting his practices, adjuring him to be honest with himself and loyal to others of his kith and ilk.

Time, in its remorseless cycle, scudded through years, decades, centuries; the sciences advanced and developed *pari passu* with the acquisition of intelligence; men of erudition, men of mediocrity, men non-de-scrip, studied, learned and practiced them in a scientific way; they discarded many superstitions, replaced them with facts; they displaced the element of chance which their practice suggested and substituted certainty; they established schools for instruction, organized faculties to teach; improvement and attainment were

abroad in the medical world, yet the necessity for, nor the efficiency of the Hippocratic oath was ever questioned, its requirements never once foresworn.

In the seventeenth century England gave us Sydenham, the great man in medicine; by virtue of right and acquirement, upon him fell the Hippocratic mantle. During his brilliant life there was formulated the Sydenhamic code of ethics, which is but an improvement upon and an elaboration of the original oath.

So we may see that honesty and ethics are as ancient as the two sciences. And what think you was the talisman which, like a guiding star, led these two great arts up out of a chaos of doubt and superstition, on through the ages of dark uncertainty and dense ignorance, into the dawn of this glorious twentieth century? Some fairy hand, to be sure, and let us suggest 'twas that of truth.

Truth and mysticism, facts and miracles, are incompatible. A truth is a fact and can never be or become mythical. Crushed, she will rise again, for God's eternal ages are hers. Who would rob the world of truth would pilfer the sunshine and congeniality, the touch of human kindness which relates the whole of mankind. Who should be truer or more truthful than the physician? To whom, would you ask? First to himself, then shall it follow as the night follows the day he can be untrue to no man; true to his patient, true to his profession, true to his *confrère*. For him who would practice deception may we not predict that he will swing the pendulum out laden with unnecessary significance, that it will rebound freighted with prophecies unfulfilled, reach its arc of motion burdened with retribution and

* Read before the North Kentucky Medical Society, at Williamstown, February 14, 1901.

despair? Honesty is a *sine qua non* in the legitimate practice of medicine; with it vistas of hope and accomplishment are disclosed; without it our professional lives will be blasted by the carcasses of perished endeavors and thwarted ambitions, which shall lie thickly strewn as leaves in Volambrosa; with it men have and may inscribe their names upon Fame's scroll, and everlastingly; without it must they drink deeply the dregs of disappointment and failure.

What constitutes our duties to our profession?

Pausing for a thought, there passes before us in grand though silent review that army of giants whose personality, whose ability, whose self-denial did render scientific medicine and surgery possible, and when we consider the unstinted devotion, the trustful resignation, the fidelity of purpose which they exhibited, the unswerving integrity which they possessed, the multiple sacrifices they made, should we not be, are we not deeply impressed with the splendor of their achievements? Let us think of Galen, Herophilus, Varolius, Viensennes, how they laid their lives upon the consecrated altar of anatomy, how they submitted themselves to danger, vituperation, denunciation; then of Bayle, Laennec, Jenner, Simpson, how they withheld the shameful attacks of the press, the clergy, the church, and gave to us the knowledge of auscultation, of inoculation, of anesthesia; of Koch, who has created a science with his microscope; of the grand old Luis, who, by consigning himself to a life in the mortuary, gave to us our first and most beautiful knowledge of pathology; how each and all of these consecrated their possibilities, their time, their opportunities, their lives, indeed, that we to-day may be informed, forewarned, forearmed, then answer! Could their sacrifices have been tendered a more beneficent idol? They established our profession, with its science, its honesty, its ethics; and may we not aver that 'tis a most sacred calling, rich in promise, fruitful in accomplishment; that it guarantees its most dutiful adherent the appreciation of the public, the adulation of the crowd—aye, the honor a king might wish to hold in fee. Should any individual become a physician ignorant of such history, and knowing it, could they attempt attainment in the art, thinking only of personal

gain, of individual aggrandizement? If such there be let him lay not the flattering unction to his soul that he will be not appreciated and properly deprecated. Society religion, science, harbors no impostors. What man possessed of a place in life could have gained it unless he thoroughly appreciated the fact that honesty, decency, truth and qualification constitutes the famous quartet which guards the way to deserved success, proves the inextinguishable light-house past which all fame-faring craft must pass? Knowing such facts, impressed with such sentiment, should we ever doubt the necessity for honesty, for truth, for qualification, for ethics in successful medicine; could we ever denounce the code as a thing of high-sounding words, filled with meaningless phrases, mythical requirements; ever betray one of the laity; ever sacrifice one iota of professional dignity; ever wrong a fellow-practitioner?

The relation of physicians to one another constitutes the remaining phase of our subject. We put it last, but 'tis far the more important. Hippocrates, the father of ethical medicine, swore that he would practice no part of the art of which he was not the master; that he would teach his art to no one but the son of a physician; that he would extend a care beyond a brother-practitioner and include his family; that he would be untrue to no physician, regardless of his age, rank or general fittedness. Hippocrates has demised and it is possible that some of this beautiful sentiment, many of these honest confessions, were labeled mythical and buried with him, for the profession to-day seems crowded with parasites, barnacles and burlesques—men who under the guise of legitimacy feed upon ignorance, superstition, public credulity, arrogated honors, preference due age, experience and the advantage gained through professional contact; with them merit is a mere bagatelle, capability a nonentity. They masquerade as paragons of professional dignity, grasp the hand of an honest man confidently, assure him their friendship, their consideration, their respect, yet seize every opportunity to thwart his endeavors, throttle his ambition, deprecate his ability; they stultify themselves for a price and will gladly subvert the truth to insure patronage. Such monstrosities are not infrequently met, more's the pity

for ethical medicine. Their envy creates the desire to destroy that which they cannot imitate or surpass; their jealousy makes of them professional harlots, willing to cohabit with any nefarious scheme to procure without grace, wealth or place.

What are our duties to our profession, to one another? A *résumé* would give this conception: to realize there is a fraternity in medicine; to know that we are the children of a common mother, who prescribes for each of us a thorough qualification; who impresses upon us the necessity for uprightness and integrity; who adjures us to be ever careful that our acts of omission or commission may never besmirch her fair honor; who swears us to be loyal to one another, devoted to our art; who warns us of the dangers of envy, selfishness and greed; who impresses us with the beauties of personal covenants, individual sacrifice and an uncompromising honor; who disparages efforts at display—of ability, of meaningless and foolish boast; who despises arrogance and bombast, facetiousness and deceit; who teaches us that none be proud beyond his deserving, to be what we are for merit's sake, ready and willing to render Caesar those things which to Cæsar belong; who demands that we be charitable, liberal, magnanimous to those of inferior qualities, ever ready to assist, never willing to detract; who points us back to her galaxy of famous sons, loyal men, good, honest and true, exemplary characters whose life-histories are worthy our studied emulation. Sons of a generous mother who loves us, and we succeed just and in measure as we love her and care for her honor.

Such is the teaching of our code. Its absolute realization would constitute almost an Utopian condition; we admit 'tis doubtful of fulfillment, but while this may be true we deny that custom or usage should detract one scintilla of honesty, beauty, moral probity or uprightness from it. In its practice we discover all that is good, true and beautiful in the profession; 'tis the fairy chain of magic links which binds us; 'tis the corner-stone of our medical fabric; it is honorable, it is just, it is necessary, it is Hippocratic.

The influence of Hippocrates in medicine comes down the ages to us like the light from a fixed star. The star itself may have perished long since, but waves of brilliancy which left it previous to its destruction

are traveling toward us yet, and fall in silvery pulsations upon us to-day. Surely, to be Hippocratic is to be robed in the ermine and purple of the profession.

The Physician-Druggist.

The refusal of the Cincinnati Academy of Medicine to admit a physician to membership on the ground that he owned and conducted a drug store, has been discussed at some length in transatlantic medical journals. The case so closely approximates the state of things which is attracting attention in Scotland as to possess special interest for us. We are rather surprised to find that the *Journal of the American Medical Association* takes the view that "in general there seems to be no adequate reason for refusing membership to a physician-druggist as such," though the right of every society to decide on the qualifications of its members is conceded. No one pretends that running a drug store is of itself a disgraceful act, but that remark might be applied with equal cogency to most of the acts which are condemned by the professional code of ethics. Our view is that it is derogatory and tends to lower the status of the profession, in that it introduces the commercial element which it has ever been the object of our codes to eliminate. Possibly, this argument does not appeal to medical men in America with the same force that it does in this country. We cannot recall an instance in which a medical man keeping an open surgery has been refused admission to an English medical society, but they are little likely to solicit the honor. He might find his way into the British Medical Association, which is a tolerably eclectic body, but we doubt if he would be welcomed in any medical society of standing. The question at issue at Glasgow, moreover, is not the propriety of medical men keeping shops, but the impropriety of their keeping unqualified assistants in connection therewith.—*Med. Press and Circular.*

DR. W. S. CLIVE (*Alkaloidal Clinic*) suffered from rheumatism and sciatica the torments of hell for six weeks; cured in less than three minutes by rubbing from hip to heel half an ounce of carbon bisulphide.—*Med. Times.*

A MISTAKE IN DIAGNOSIS IN A CASE OF PULMONARY TUBERCULOSIS.BY J. C. M'MECHAN, M.D.,
CINCINNATI.

There is perhaps no disease easier to diagnose than tuberculosis of the lungs. The constant cough, the marked emaciation, the hectic flush and night-sweats mark the presence of the disease. Even without a physical examination the physician can diagnose the disease. But then there are other cases of the same disease that are difficult to diagnose, and especially in the early stages of the disease, and all the resources of the medical science have to be brought into play in order to establish a correct diagnosis. If we state that the patient has consumption of the lung, and after a few weeks of simple treatment he recovers, we are convinced we made a mistake in our diagnosis, but our mistake will never be criticised; but, on the contrary, we will be praised for our skill in the art of healing. But if we state that a patient's lung is not affected, when phthisis is really present and the future course of the disease proves that we were mistaken in our diagnosis, then we will be most severely criticised for our lack of skill.

A few years ago a medical friend of mine, after a hot bath on a cold night, was called quite a distance from home and took a violent cold. He had a high fever, night-sweats and a hectic cough. These symptoms continued a number of weeks, and the patient became considerably emaciated. His physician, one of the most eminent practitioners of our city, diagnosed the disease as tuberculosis of the lung, and advised his removal south, as the weather was very cold. I urged my friend to take his advice, and he said he was willing to go, but said he was too weak to stand the journey. He went a short distance into the country, and after an absence of two weeks came back perfectly well. He had suffered from bronchitis and malaria instead of consumption, and is perfectly well at present. The eminent physician had made a mistake in diagnosis, but I never heard any one criticise him for his mistake. We all rejoiced at the patient's recovery, and were so much pleased that criticism was not thought of.

In November, 1896, I was called to see a lady, a teacher by profession. She had

been under the care of another physician for several months, but had not improved. She had a severe cough, there was considerable dullness in the infraclavicular region, bronchial breathing was present, and the evening temperature showed two degrees of fever. It was certainly a case of phthisis pulmonis, but by careful treatment the patient was restored to health. Six months after I had ceased treating the patient she was enjoying good health.

My success in treating the case just related brought me another patient, a friend of the first patient. She arrived in the city the latter part of August, 1897, and a few days after her arrival I saw her. She was twenty-eight years of age, and also a teacher. She seemed to be in good health with the exception of a severe cough. Upon physical examination the lungs were found in a good condition, but the physical signs of bronchitis were present. In coughing very little mucus was expectorated. The cough had existed for several months, and, although severe, the patient's general health had remained fair and there was but slight decrease in weight, if any. Upon inquiring into the family history it was learned that her parents were living and in good health. Her brothers and sisters were all living and in good health. Her grandparents were dead, but had died at a good old age and not of lung disease. Her family history was excellent as far as could be learned, and the patient being very intelligent, she was able to give a complete history of the family. A careful physical examination failed to reveal any dullness at the apex of the lungs or in the infraclavicular region. Bronchial breathing was absent and there was no rise of temperature in the evening. The physical examination revealed nothing that would indicate a diseased condition of the lung. After repeated and careful examinations I diagnosed the case as bronchitis, and treated the patient for that disease. The treatment was continued during the month of September. On October 1 I was sent for in a hurry, and on arriving I found that the patient had had severe hemorrhage from the lung. Upon physical examination all of the symptoms of phthisis pulmonalis were found present in the infraclavicular region of the left lung. I had to acknowledge that I had made a mistake in diagnosis up to the time of the hemor-

rhage, and after that almost any one could have diagnosed the disease to be consumption of the lung. It was, however, interesting to note how positive the symptoms of lung disease were after the hemorrhage took place. In addition to the usual signs of phthisis, even cracked-pot resonance was found in the left infraclavicular region. After twenty-four hours of treatment the hemorrhage was completely controlled, and a week later the patient went to her home in an adjoining State. Four months later I learned that she was still alive and in tolerably good health, but since then I have heard nothing more of the patient.

In thinking over the history of this case now I can readily see that two important means of diagnosis were neglected. The sputum should have been examined for bacilli and tuberculin should have been used to clear up the diagnosis. We should never be too positive in our diagnosis, and especially before exhausting all the methods known to medical science.

Perhaps the clearest and best article ever written upon the diagnosis of pulmonary phthisis is that by Dr. Austin Flint in Pepper's "System of Medicine," published in 1885. He states in such a clear manner the various ways of diagnosing a case of pulmonary consumption that it would seem to be about impossible to make a mistake in diagnosis after reading and studying his article. He even referred to Koch's researches on the bacillus tuberculosis published in the *Berliner Klinische Wochenschrift* in April, 1882, and gave a full report of Koch's method of finding the bacillus. He laid particular stress upon the importance of this method of diagnosis, and advised that it always should be used in doubtful cases.

Carroll E. Edson¹ calls especial attention to an early sign of tuberculosis, which is the general depression of health without obvious cause, when the patient loses weight and feels himself below par, and comes to the general practitioner. In these cases one should carefully note the temperature, especially for an afternoon rise; many physicians mistake the early stage for malaria.

H. A. Lafleur² affirms that, by careful and thorough examination of the lungs and repeated microscopical examination of

the sputum, it is usually possible to detect pulmonary tuberculosis at a comparatively early stage.

We have, however, in tuberculin a means of diagnosis which enables the physician not only to make an earlier diagnosis of pulmonary tuberculosis, but to affirm the tuberculous nature of ailments which formerly were not believed to be tuberculous. With regard to pulmonary disease, tuberculin is especially valuable when the physical examination is inconclusive, and either no sputum whatever can be obtained, or repeated examinations have proved entirely negative, while the suspicion yet remains that the disease may be of tuberculous nature.

Edward W. Schauffler, in the "Reference Hand-Book of Medicine," says: "Valuable as are the results of auscultation and percussion in many cases, they are very obscure, and I have long held that if I had to depend upon the rational symptoms only or the results of auscultation and percussion alone for my diagnosis I should unhesitatingly choose the former. The most unequivocal symptom is the presence of the tubercular bacilli. The bacilli give an infallible indication of the existence of tuberculosis, and may be found in the sputum before the physical signs are at all definite. So essential is the examination of the sputum in the early diagnosis of phthisis that I would earnestly insist upon the more frequent employment of this method."

Dr. Knopf, in "The Twentieth Century of Medicine," points out the possibility of communicating tuberculosis to a patient through the use of tuberculin, and says if this should only occur once in a thousand times it should not be used. This agent as a means of diagnosis is too valuable to be cast aside lightly, and it should still be used as a means of diagnosis in obscure cases until stronger proofs are brought forward of its injurious effects.

We have many means at hand for diagnosing the presence of tuberculosis, and the mistake I made in the case related will stimulate me to make more careful efforts to diagnose cases of phthisis correctly. We can learn more from our mistakes than from our successes.

¹ *Medical Record*, June 17, 1899.

² *Boston Med. and Surg. Journal*, June, 1899.

BUFFALO, N. Y., is to have an accident hospital.

Society Proceedings.

**THE ACADEMY OF MEDICINE OF
CINCINNATI.**

Meeting of February 11, 1901.

THE PRESIDENT, C. L. BONIFIELD, M.D.,
IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

Appendicitis.

DR. J. AMBROSE JOHNSTON: J. S., aged twenty-two years. On September 24, 1898, an appendiceal abscess was opened but the appendix was not removed. On December 16, 1900, there was a recurrence, and an abscess was opened at the point where the first one was incised. Next day the patient was suffering severely in the left inguinal region, so much so that good doses of morphine gave no relief. As the pain was well localized it was thought there might be an abscess in that vicinity, and a two-inch incision was made. The intestines were glued together well down into the pelvis. A good quantity of serous fluid escaped as the intestines were separated. A gauze drain was placed in the pelvis and lower angle of the incision; after this operation the pain left and he went on improving. He was told that, as soon as his wound was healed up, it would be better to go to a hospital and have the appendix removed. On February 3, 1901, Dr. Bruce telephoned me to see him. I saw him at 8 P.M., and found him suffering intensely, although he had had a half-grain of morphine over an hour before. Pulse 90 and temperature 100°. Next morning I saw him again and the pain had abated some under the use of a half-grain of morphine every two hours during the interval of the two visits. He was sent as soon as possible to the Presbyterian Hospital for operation. His pulse before the operation was 130 and temperature about 101.7°. An incision was made at the site of the first wound and pus soon came into view. The appendix was easily found in a mass of omentum and cut off close to the cecum. The opening into the cecum was closed with cat-gut sutures. The patient has been doing well and bids fair to be out of the hospital in another week.

I report this case to show how persistently appendicitis may recur after a simple oncotomy. Often it is good policy to open the abscess, let it drain and heal up, then later make a second operation when the absence of pus will allow one to search for an appendix without fear of contaminating the general peritoneal cavity. Sometimes the simple opening of an appendiceal abscess gives a permanent cure, but must not be depended upon.

**Specimen of the Upper Lobe of Right Lung
Showing Rupture of Bronchial
Artery.**

DR. B. MERRILL RICKETTS: The specimen which I have with me is the upper lobe of the right lung. Through the kindness of Drs. Wallingford and Roberts, of Paris, Ky., I am able to present this specimen as one which is rather rare, so far as I am able to discover. The patient from whom the specimen was removed was a negro, thirty years of age, a coal heaver who was employed in the coal chute at the L. & N. railroad yards. He was a stout, robust fellow, with no history of syphilis or tuberculosis. His weight was 190 pounds. Two weeks ago he arose in the morning as usual, built the fire in the house and stated that he felt badly and sat down, and fell over dead. The autopsy revealed a rupture of the bronchial artery. It was supposed by the doctors present at the autopsy that there was a small abscess at the point of rupture, but after making a careful dissection no evidence of anything of the kind is discoverable. You can readily see in the specimen where the rupture occurred in the vessel.

During the last two months I have had occasion to look up the subject of injuries to the lungs, pleuræ, etc., but I have not found a report of a similar accident to this.

Specimen of Cyst of the Mesentery.

DR. ARCH I. CARSON: The specimen which I present this evening was taken from a male negro, thirty years of age, who died from lobar pneumonia, thirty-six hours after his admission to the hospital. At the post-mortem this cyst of the mesentery, one inch in diameter, was found, which was situated immediately below the junction of the ileum and cecum. I believe these cysts of the mesentery are rather rare.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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DR. J. C. CULBERTSON,
107 W. SEVENTH STREET, CINCINNATI, O.

SATURDAY, MARCH 9, 1901.

WHAT THE STATE MEDICAL SOCIETY HAS DONE AND MAY DO FOR THE MEDICAL PROFESSION AND THE PUBLIC.

The purpose of the medical society is three-fold—scientific, social and civic. It is a forum where the physicians of a county, city or State may meet on equal terms and compare observation; where the scientific investigator may present his work and his conclusions with certainty of a hearing; and where the clinical observer, whether member of a college faculty or not, may receive and impart valuable suggestions as to symptomatology, etiology and treatment of disease. This scientific side has been the one toward which the attention of the profession and the public has been chiefly directed hitherto.

But the social side, the personal acquaintances formed between the men engaged in this scientific and practical work, is no less important. It cements the profession together into an organic unity and goes a great way toward breaking down those jealous rivalries that have so often separated professional men who ought to have been friends and co-workers. In the old languages the same word did service for "enemy" or "stranger" interchangeably, for the stranger was an enemy, of

course, and it has been a good deal so professionally. But as physicians have become acquainted through the medical societies they have more and more come to appreciate that those whom they had looked upon somewhat jealously as professional rivals weren't such bad fellows after all when once the ice was broken. There are those who have expressed the opinion that too much attention has been paid to the social aspect of the society, but we hardly think it.

The civic phase of the medical society is just beginning to come into prominence, and it is a little strange that it should be so, for it is this civic function of the society that affects the public standing and influence of the great body of physicians more than any other. "Noblesse oblige," and the physician is responsible to the public for the right and effective use of his knowledge of sanitation and of the laws of normal physical and mental growth. This public duty the physician cannot perform individually and alone. It is only by means of thorough organization that the influence of the medical profession can be effectively brought to bear upon National, State and municipal legislatures and executives, and thorough organization means that every qualified practitioner within the State shall be a member of the county and State society, or, better, shall be a member of the State society by virtue of his membership in his county society. The physician should not consider this a matter of option, either; he should regard it as one of his most important professional duties. Just consider what we have already done in the last few years, in spite of only an imperfect and partial organization. We have secured registration and examination laws in most of the States, and it is only a question of time when none but qualified men and women will be allowed anywhere within these United States to undertake the responsibilities of the practice of medicine.

There is no need of going over the story of how it was done in Ohio. We all know how it was done. It was the steady and united pressure of the State and county medical societies continuously exerted over a series of years, and something had to give; and to-day we have, all in all, about the best medical examination and registration law in the Union. At the Denver meeting of the American Medical Association the Ohio State Society made an overture to the Association, submitting a working plan for a National Legislative Committee to represent the American Medical and affiliated State societies. That plan was adopted at the Columbus meeting. The first meeting of this joint legislative committee was held in Washington early in May last, and for the first time in the history of the country Congress became officially aware that there was a medical profession in these United States; that it was organized; and that it had an official and accredited means of communicating its wishes to Congress. The committee met and took action on the various measures before Congress. The members of the committee went to the Capitol and interviewed the Congressmen and Senators from their respective States, and the Gallinger antivivisection bill was "knocked galley-west." The committee met again this year and was instrumental in blocking in the Senate an amendment to the postal law which had been sneaked through the House, and which would have cost the *Journal of the American Medical Association* not less than \$15,000 extra postage during the coming year, and would have required the publisher of the LANCET-CLINIC to add \$1.00 a year to the subscription price.

These are some of the things we have done through such organization as we have. There is a great deal more yet to do. On the medical profession of this State there rests the responsibility of wresting the medical and sanitary service

of our cities and of our State eleemosynary institutions from the grasp of the party spoilsman. Through Congress we have yet to secure a proper status for the medical service of the army and navy; we have yet to organize a National Commission of Public Health; we have yet to convince Congress that it is for the public interest that microscopes and other instruments needed by the physician for the recognition of disease and the drugs necessary for treatment should be made as easily and cheaply obtainable as possible, and that our tariff laws be no longer perverted for the private gain of a few manufacturers and importers of drugs and instruments, to the detriment of the sick and the afflicted throughout the land. We have yet to secure the interchange of license between States, based upon a common standard of education, a qualification and moral fitness. There are other things which might be mentioned, but these are enough to keep us busy for a while yet, and these are things which can come only through thorough and compact organization; and they are matters, too, that ought to come home to the individual physician, whether in general or special practice, whether in city or country, for as the profession as a whole rises in education, in influence and power, we, each and all of us, come up with it in influence and in public estimation. The motto, therefore, of the individual physician should be to organize, educate, agitate, insist. Education and agitation can be carried on to a considerable degree by individual effort, but we can insist only in proportion as we have organization. The weight which our committees carry with city council, State legislature, and with Congress; the influence which they can be expected to exert depends on whether or not they are known to have the solid support of a well-organized profession at their back.

In view of the scientific programme offered at the coming meeting of the State

Society; in view of the pleasant acquaintances certain to be formed; and, above all at the present time, in view of the influence which a united and organized profession can exert for the public welfare, if any of the readers of the LANCET-CLINIC have not as yet joined the State Society, we want to remind them that there is no better time than this year to make a break and "get into the swim."

L. B. T.

UTERINE CURETTAGE.

In this generation it may seem foolish to say anything about curetting the uterus. The tyro in medicine to-day would feel very much aggrieved if his ability to properly do this simple operation was questioned after the thorough drilling he got on this subject while in college. It is, as a rule, not the beginner, but the experienced man who goes wrong in this work. Occasionally we hear physicians speak of gently curetting the uterus in their offices; now that means that no antiseptic precautions were taken. A number of cases may be dealt with in this manner with no apparent harm to the patient, but the individual will come in whom a consuming fire will be excited by such a method of treatment. An operation, so simple, so frequently resorted to, of so great value, and of so little danger if properly done, merits more care than many accord it.

Only recently the writer saw a patient in consultation with a physician who had gently used the curette in the office. From the time of the curettage the patient grew worse and worse until the time we saw her. Now there was fever, rapid pulse, distended abdomen and dullness on percussion as high as the umbilicus. Douglas' cul-de-sac was distended and bulged into the vagina. A sharp-pointed pair of scissors was passed into the vagina and pushed into Douglas' cul-de-sac close and posterior to the uterus, then withdrawn opened, thus making an opening large

enough to pass in two fingers. A gallon of serum and pus soon ran out, and in two days the patient had so much improved as to be practically out of danger.

The foregoing case inspired the writing of this editorial and the presentation of the following admonitions: Don't curette in your office; don't curette anywhere unless an anesthetic is given and the usual antiseptic precautions are taken; hesitate to curette a uterus that is fixed and that is attended with pain upon touching it; remember that all discharges of the uterus are not stopped by curettage. J. A. J.

EDITORIAL NOTES.

ACADEMY OF MEDICINE.—Dr. Nathaniel P. Dandridge last Monday night was elected President of the Cincinnati Academy of Medicine, to succeed Dr. C. L. Bonifield, after an exciting contest, in which he was opposed by Dr. George B. Orr. Both men are popular, and warm personal friends. There was only one other contest, and that was for the First Vice-Presidency. Dr. A. B. Isham contested the seat with Dr. Bertha L. Glaeser, the former winning. Other successful candidates were:

Second Vice-President—Dr. H. J. Whitacre.

Recording Secretary—Dr. S. E. Cone.
Financial Secretary—Dr. Magnus Tate.

Corresponding Secretary—Dr. Louise Southgate.

Treasurer—Dr. Samuel Allen.

Librarian—Dr. Arch. I. Carson.

Trustees—Drs. J. F. Heady, C. R. Holmes and Gustav Zinke.

The newly elected officers will be installed next Monday evening.

NORTH KENTUCKY MEDICAL SOCIETY.—The one hundred and forty-seventh meeting will be held at Walton, Ky., Thursday, March 14, 1901, at 10 A.M. The programme is as follows:

1. Reading of minutes.
2. Influenza. Dr. M. J. Crouch, Union, Ky.
- Discussion, Dr. B. K. Menefee, Crittenden, Ky.
3. Abortion. Dr. E. M. Foreman, Delia, Ky.
- Discussion, Dr. C. D. O'Hara, Williamstown, Ky.
4. Diphtheria. Dr. D. M. Bagby, Walton, Ky. Discussion, Dr. J. H. Brown, Crittenden, Ky.
5. Neurasthenia. Dr. Brooks Beebe, Cincinnati, O. Discussion, Dr. J. F. Loomis, Independence, Ky.
6. Report of clinical cases.
7. Unfinished business.
8. New business.

DR. N. S. MATTHEWS, President,
Williamstown, Ky.

DR. B. F. METCALFE, Secretary,
Walton, Ky.

The Position of the Head in Sleep.

Custom has imposed the use of the bolster and the pillow, but it does not of necessity follow that they are advantageous or conducive to sound sleep. Physiologically, we are entitled to entertain a doubt, seeing that physiologists are still unable to state authoritatively whether the brain in sleep is congested or anemic. The general experience is that the lower the head the deeper is the sleep, and *vice versa*. Apart from morbid conditions which render it impossible to some persons to sleep with the head low, conditions which vary *ad infinitum* from mere preference for a thick bolster to positive orthopnea, habit, and, possibly, physiological conformation, render the head-low position in bed intolerable to some. It is urged against the use of these supports that they inflict a constrained position of the neck, which interferes with the passage of blood to and from the brain, and contracts the thorax. On the other hand, unless one lies on the back it is obvious that the neck must be uncomfortably curved in the absence of a pillow, far more so than would result from even a very thick bolster. On the whole, it would seem that in order to obtain sleep as deep and reposeful as possible, we ought to aim at having the head as low as is consistent with actual comfort. To submit to actual discomfort in view of a problematical and much-disputed advantage is not an experiment that will commend itself to the majority of mankind.—*Med. Press and Circular.*

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Current Literature.

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The Bacteriology of Pertussis.

During the past three decades the etiology of pertussis has been the subject of numerous bacteriological investigations. The earliest of these may be relegated to the domain of medical history, having no scientific value, because they ante-date the introduction of accurate cultural methods. Of those made between the years 1883 and 1896 (a middle period, as it were), the most important is by Afanassjew, who examined the sputum of ten pertussis patients and cultivated a short bacillus which he looked upon as the specific cause of the disease. This view was confirmed by Ssemtschenko and by Wendt. Ritter's investigations led him to the belief that a diplococcus is the cause of pertussis; and this he maintained in spite of all contradictions. Finally, in 1897, Czaplewski and Hensel published the result of their work, describing a small, poled rod, recalling the influenza bacillus morphologically, but differing from it in certain important cultural details. They consider it very possible that the bacillus which Burger found and pictured in 1883, but which he did not attempt to cultivate, is the same as the one they studied. Scarcely one week later than Czaplewski's article that of Koplik appeared, giving in detail the morphology and biology of a short bacillus which he thought was identical with the one described by Afanassjew ten years before. Koplik noted the fact that the bacilli were most readily isolated during the early, uncomplicated stage of pertussis, before the onset of bronchitis or pneumonia, when streptococci or diplococci are apt to obscure and overgrow them. Czaplewski and Hensel gave further details of their work in a later article, and found Koplik's bacillus to be nearly identical with theirs. Zusch calls attention to the fact that the Czaplewski-Hensel bacilli are most numerous and in a state of almost pure culture during the catarrhal stage, when the contagious period is at its height.

Walsh (1900) found the Czaplewski-Hensel bacillus in the sputum during life, and once in the trachea at autopsy. An especially interesting feature of Walsh's

paper is the attempt at serum therapy. Since one attack of pertussis grants an almost perfect immunity, it was thought probable that the serum of persons who had had an attack might contain an anti-toxine. Using his own serum (having had pertussis at the age of five), injections were given to seven patients. A marked improvement followed in all cases, the whoop ceasing for two or three days; at the end of that time it returned in all but one case, in which it had permanently disappeared. The question is suggested whether larger and repeated doses are necessary, and further experiments in this direction are certainly indicated.

The latest work was done by Luzzatto during an epidemic of whooping-cough at Graz. He cultivated the bacillus described by Koplik, and classified it as one of the influenza group. From the pseudoinfluenza bacillus it is readily distinguishable by its morphology, and from the influenza bacillus itself by its mode of growth on the ordinary media. Positive proof that this bacillus is the cause of pertussis is lacking so long as its differentiation from forms found in other diseases is impossible (it was present in a case of putrid bronchitis and bronchiectasis) and its specific character has not been established by means of animal experiments; these have hitherto been unsuccessful.

The exact bacterium of pertussis is, as yet, by no means established. While the protozoon described by various authors (Henke, Deichler, Kurloff, Behla) may be discarded, and the cocci found by others may be considered as some one of the forms of streptococcus frequently present on the respiratory mucous membrane, the weight of evidence at present points toward a bacillus of the influenza group as being the probable specific cause of the disease.—*Archives of Pediatrics.*

Carbolic Acid Gangrene.

Many surgeons have discarded the use of carbolic acid except for the immersion of instruments which are tarnished by solutions of mercury, but among the public at large, and even some surgeons, it is not sufficiently widely known that this too popular antiseptic is liable to cause gangrene when applied to the extremities even in dilute solutions. Indeed, the dilute solutions—water will practically

only dissolve about 5 per cent.—are the more dangerous because they cause no pain, and their action is therefore more insidious.

My attention has recently been called to this matter by the necessity for amputating a finger, which after an injury at the extremity had been wrapped in a solution of carbolic acid for twenty-four hours and became gangrenous as far up as the first inter-phalangeal joint; and a paper on carbolic gangrene, by Dr. Harrington (*American Journal Medical Sciences*, 1900, cxx, 1) is a timely reminder that hundreds of fingers have been destroyed from this cause. He has collected a total of one hundred and thirty-two cases of gangrene from dilute solutions of carbolic acid.

It would appear from his observations that any solution of carbolic acid between 1 and 5 per cent. is dangerous, though it is probable that the strength of the solution has less to do with the unfortunate result than the duration of the application, and the thickness of the individual's epidermis. Indeed, he quotes Lévai as showing that strong carbolic acid is less dangerous, for it forms a scab which resists penetration of the acid into the deeper tissues, so that complete gangrene and destruction of an extremity are less likely to occur from the pure liquid acid than from dilute solutions of it.

According to this same observer, the death of the part is due to a direct chemical action on all the tissues. Carbolic acid has no specific quality for the production of the gangrene, for a like effect is produced by 5 per cent. solutions of hydrochloric, nitric, sulphuric, and acetic acids, and of caustic potash when applied to an extremity by a moistened compress for about twenty-four hours.

Tight bandaging undoubtedly increases the tendency to this process, but experiments have shown that the gangrene does not result primarily from this cause. The treatment of this condition varies according to the severity of the process. If it seem superficial, and the case is seen soon after the removal of the carbolic dressing, it might be beneficial to apply a dressing saturated with lime water, but in other cases it soon becomes evident that amputation is the only resource.

The best prophylactic consists in the avoidance of the use of carbolic acid for

wounds, and it is the duty of medical men to show by their example that the public should not make use of this antiseptic.—*Bristol Medico-Chirurgical Journal.*

Hernia in Children.

From his observations and studies of the available literature on this subject, A. J. Ochsner (*Journal of the American Medical Association*, December 22, 1900) is led to the following conclusions:

1. The development of herniae in children is favored by (a) faulty development of the abdominal wall; (b) insufficient strength in the tissues involved in closing the umbilical, inguinal or femoral openings; (c) abnormal intra-abdominal pressure; (d) unclosed condition of the tunica vaginalis.

2. The causes *a* and *b* are likely to be inherited.

3. The abnormal intra-abdominal pressure is due (a) to gaseous distension resulting from improper feeding; (b) to the exertion necessary to accomplish defecation in case of chronic constipation; (c) to the same exertion necessary to evacuate the bladder on account of obstruction due to phimosis; (d) to severe, long-continued coughs.

4. A large majority of all cases of hernia in children will heal spontaneously if the increased intra-abdominal pressure is relieved, the hernial sac being kept empty.

5. This can be accomplished by means of trusses, or much more rapidly, in inguinal and femoral hernia, by placing the child in bed with the foot of the bed elevated, the time required usually not exceeding six weeks.

6. Children with a tendency to the formation of hernia should be guarded against developing coughs.

7. Their diet should be given at regular times and chosen with a view to avoiding gaseous distension.

8. Constipation should be entirely prevented.

9. In case of boys, phimosis should be relieved if present.

10. Badly nourished and badly cared for children of the poor should be treated in hospitals, being placed in bed in the inverted position, the cause of increased intra-abdominal pressure being removed at the same time by proper treatment.

11. Operation is indicated (*a*) in strangu-

lated hernia; (*b*) in irreducible hernia due to adhesions; (*c*) in case the opening is unusually large in a free hernia, especially if the condition is hereditary and the hernia cannot be retained by means of a truss; (*d*) in reducible hydrocele.

12. Except in class *c*, the operation should consist simply in carefully dissecting out the sac, ligating it within the abdominal cavity, cutting away the sac and permitting the stump to retract within the abdominal cavity, and simply closing the wound in the skin.

13. The recumbent position, with the foot of the bed elevated, is of very great importance in the operative as well as in the non-operative treatment of herniae in children.

14. If the child cannot be kept in this position sufficiently long, a well-fitting truss should be worn night and day until there has been no protrusion for at least six months, at the same time the necessary precautions being constantly taken to guard against intra-abdominal pressure from any cause.—*Med. Age.*

A New Departure in Cosmetic Surgery.

A Vienna surgeon has just brought forward a procedure which constitutes a new departure in what has aptly been called cosmetic surgery, that is to say, operations having for object the symmetry rather than the well-being of the patient. The ablation of certain organs and appendages is apt to leave what, to the patient, appears an aching void, and it is to remedy the structural disfigurement caused thereby that the ingenious Vienna surgeon proposes his method. He makes use of a mixture of solid and liquid vaseline which melts at 40° C., and this he injects in a semi-molten condition to fill the cavities, as well as for sundry other purposes presently to be referred to. In one of his cases a man complained of the too obvious character of the mutilation entailed by removal of the testes on account of tuberculous epididymitis, and this was, we are told, admirably remedied by the injection, at intervals, of a sufficient quantity of the vaseline mixture into the scrotum. No irritations followed the injections, and the patient is delighted with the result. The author claims that the method is equally applicable in cases of depressed cicatrices, such for instance as the sinking in of the cheek after the

removal of the upper jaw, to reconstitute unduly sunken noses, etc. Going a step further, he is enabled to offer ladies whose busts have undergone precocious atrophy the option of having the defective mammary glands permanently distended with vaseline, which gives an elastic firmness leaving nothing to be desired. He has found it useful in restoring functional integrity to damaged sphincters, as for example in a case of urinary incontinence consequent upon an operation for vesico-vaginal fistula, in which he injected a ring of vaseline, which had the desired effect. The injections are not very painful, and can be rendered quite painless by employing a solution of cocaine beforehand.—*Med. Press and Circular.*

The Curability of Inebriety by Medical Treatment.

T. D. Crothers believes that when inebriety shall be more generally studied and treated as a disease by the profession, a degree of curability will be obtained far beyond any present expectation. The continued or occasional excessive use of spirits to intoxication is not the disease, but is a symptom of some central irritation and exhaustion; also of poisoning and starvation. Many of these cases are self-limited, and follow a certain course, dying away after a time. The subsidence of the drink symptom by the removal of the exciting causes and building up the system to greater vigor and health is the only rational treatment. The highest medical judgment will be needed to determine the exact condition in each case, and the possible range of remedies required—not any one drug or combination of drugs, not so-called moral remedies, not appeals to the will power, but a clear, broad, scientific application of every rational means and measure demanded.—*St. Louis Med. Review.*

AN establishment for the giving of sun-baths has recently been opened in Strelau, a suburb of Berlin, and is extensively patronized. Many Berlin physicians prescribe these baths for nervous complaints.—*Med. Times.*

THE State Board of Health of Illinois has recommended the building of a State sanitarium for consumptives.

Translations.

MEDICINE AND MORALS OF ANCIENT ROME ACCORDING TO THE LATIN POETS.

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

I.

Lyric, Elegiac, Epic and Didactic Poets
—Ovid, Horace, Catullus, Tibullus,
Propertius, Virgil, Lucanus and Lucretius.

PROPERTIUS.

There was yet another delicate spirit who lived for love and that love made a poet. This was Propertius, who was born in Umbria, at either Spello or Mevania, and died about nineteen years before the Christian era, at the age of forty. His family destined him for the bar, but, while studying Roman law, he became enamored with the sweet Lycinna, who seems to have so much diverted his attention that he abandoned law and gave his entire time to poetry. He was a great friend of Mecænas, Ovid, Gallus and Virgil and all the poets of his epoch, and Augustus was his patron. But our poet abandoned the faithful Lycinna, for the frivolous and unfaithful Cynthia, and became the poet of the disease known as love. Yet he was fonder of singing of his sensations than of his young and new mistress. He speaks of Cynthia: "Thou, to whom P'hebus accords the gift of verses, to whom Calliope loans a lyre; thou, whose discourse has no equal; thou, who hast all the talents of Minerva and the graces of Venus; O, thou dear charmer of my existence!"

But Propertius was overfond of Falerno wine and suffered therefrom in consequence. So his Cynthia abandoned him for another and our poet's verses became mournful. "Alas! I am distracted," says he, "but one can never drag love from my heart."

"Differtur, nunquam tollitur ullus amor."

"It was not only the beauty of Cynthia that seduced me, though her complexion

disputed with the lily in its whiteness, and recalled the vermillion of Iberia mixed with the snows of Thrace; her lips were rose leaves swimming on a sea of pure milk; her hair floated over a neck of alabaster, and her sparkling eyes were the lights of my life; her garments were as beautiful as the fabrics of Arabia. Did not Cynthia dance at festivals with more grace than Ariadne when she led the choir of Bacchantes? Her bow string, does it not dispute in harmony with that of the Muses when she plays upon the Aeolian lute? Her writings remind one of Corinna herself, and even Ernua could not rival her poesy."

One must not conclude from this that Roman women all had such developed intelligences as the blonde, fair, but fickle and false Cynthia, even although anthropological discoveries show us an almost equal mental capacity between men and women of antiquity. Let us remember that the matrons of ancient Rome were for the most part very illiterate, and that the hetaires alone received that great feminine education that in days of antiquity attracted to such women the great thinkers, soldiers, poets and even philosophers.

Eloquent lawyers and great politicians, with orators, are, however, the most frequent victims of the disease called love. Propertius even cited the fact that an occasional physician is attacked by the malady, and alludes to Melampus, who was surprised robbing the herds of Iphicus and caught the love disease from the beauty of Pero. We all know what a celebrated doctor Melampus was, and he had learned his medical art from Apollo, besides.

How can the disease called love be explained? Tibullus tells us it cannot be cured "by herbs, enchantments, nor by decoctions prepared by Medea herself; all such magic is in vain. It is an enemy that strikes you without warning. Those blows are very mysterious. Patients neither need doctors nor a soft bed."

"Non eget hic medicis, non lectis mollibus æger."

Propertius has left us a long account of the symptomatology of the disease called love. The poet states that his worst wish for an enemy is that "he might love some woman."

It was one Acanthis who beguiled Cynthia into leaving Propertius, and when the poet heard Acanthis was ill he purchased a white dove to offer up on the altar of Venus in hopes that the goddess might strike this Acanthis with a good dose of broncho-pneumonia.

"I have seen an obstinate cough swell the wrinkled neck of Acanthis and bloody sputum escape from between rotten teeth.

"Vidi ego rugoso tussim concrescere colli,
Sputaque per dentes ire cruenta cavos."

May that impure soul be exhaled from the rotten sick bed.

"Spare no stones for the tomb," adds the poet, "nor cures for the ashes. Yet," Propertius adds reflectively, "Our manes are not all chimerical, and all does not die with us; a pale shade escapes the funeral pyre."

He could not forget his false Cynthia. Although her lover was now dead, our poet followed soon after. When one only lives for love one dies young. It is said that before Propertius expired he dressed himself as if for a feast, crowning his head with a wreath of roses, and three times emptying a full goblet of Falerno.

VIRGIL.

Virgilius, or Virgil, called "The Prince of Latin Poets," was born at Andes, a town at the edge of Mantua, October 15, 70 B.C., in the year 684 of the foundation of Rome. He belonged to a wealthy family of farmers. He was given a brilliant education, first at Cremona and then at Milan, afterwards at Naples, where he studied philosophy, belles-lettres, mathematics and medicine; for in his time literary studies were not deemed incompatible with science. The depths of his thoughts and the justness of his expressions show his scientific erudition and the spirit of observation that is the consequence of the latter.

Like Horace, Propertius and Tibullus, Virgil sided with Brutus against Octavius, and after the victory at Phillipi his property was confiscated; but, thanks to Mæcenas, the grand protector of all Latin poets, his paternal domains were all restored to him, and his political history ends there.

Virgil had an aristocratic nature; he was sensitive, affectionate, modest, ob-

serving, ever an enemy to discords and civil wars, a disbeliever in public dissensions. His timidity was excessive; he would blush when his modesty was offended; as Seneca has said of him, "*Ad eo illi ex alto suffusus est rubor.*" Yet he easily abandoned himself to the kisses of love. Virgil, the friend of Horace, had a very tender heart; he was not always able to resist the coquettices of Venus. However, he never so far forgot himself as to lose his dignity; he had the delicacy, of the superior man. He was a poet under all circumstances, epic, elegiac, didactic, with a passion for all that was beautiful and great; he was such a poet as Homer. He was a charmer in his mission on earth. He sang love of country, he inspired his peoples with noble and generous sentiments, he was a benefactor to all humanity. Meantime, despite his mildness of character, he was sometimes in a bad humor. Horace remarks of Virgil in one of his satires: "He is too susceptible; he does not know how to take the quips of our jokers. We may smile at the sight of this man with savage-looking hair and trailing cloak, but he is a good fellow, the best of men and friends, and his queer envelope encloses a sublime spirit—

"Iracundior est paulo."

In physique, Virgil was tall, lank and of feeble constitution. He had the fine complexion of a countryman, good features and very long hair. The humid and marshy (*impaluda*) climate of Mantua caused him bronchial troubles, that forced him to leave a country the cloudy sky and green plains of which were so pleasant to his dreamy and melancholy nature. He passed much of his life then at Naples, at times in Rome, where he died, at the age of fifty-one years, after returning from a sojourn in Greece, where he spent the three last years of his life.

Let us now briefly glance at his life and works, viewed from a medical and scientific standpoint.

When one reads the "Bucolics" and the "Georgics" one is profoundly surprised at the extensive knowledge of Virgil as to botany, agriculture and hygiene. He teaches the art that produces smiling harvests, the seasons when it is necessary to return to earth and marry the vine and young elm, the cares that it is needful to bestow on cattle and bees. He knows

what kind of soils are proper for different crops, the influence of winds, the processes taught by long experience, local traditions, the productions of each province. Such a land is good for cereals, such for vines, such others for trees and grasses. "Tmolus," says he, "sends us its saffron, India its ivory, the plains of Saba their incense, the black Chalybes its iron, Pont its stinking castoreum." He advises us to never put wheat two succeeding years in the same ground, but to replant with peas, vetch or bitter lupines. "But," says he, "separate flax, oats and poppies; these plants dry up the earth. At least it must be renewed by means of thick manure and the salts of ashes in order to reanimate the vigor of the exhausted soil." Manures contained fatty materials that modified and enriched the land; the salts in the ash modified the nature of the earth and stimulated its vegetation.

We need not follow these learned lectures in agriculture, but will merely stop an instant to mention a tree of which the author nates the different properties without giving its name.

"Medea produces this salutary fruit, the bitter juices and persistent taste of which chase from the veins, by powerful activity, the poison given by some stepmother, like the mixing of magical words. This tree is large; it resemble the laurel very much, and, without the odor, it spreads far and wide. It might be considered the laurel. Its leaves resist every wind and its flowers are tenacious. The Medes use it to perfume their breaths and stinking mouths, and it often relieves the asthma of the aged."¹

"Animas et solentia Medi
Ora fovent, et senibus medicantur anhelis."

What is this tree? Several botanists have thought it was the lemon tree, for the fruit's juices may drive away marshy miasms, designated by the poet as poisons given by a stepmother. We give this explanation inasmuch as it seems plausible, and on account of the fantastic etiology that the ancients gave to epidemic maladies. As to the antispasmodic action of lemons in senile asthma, it might possibly control such action, but personally we have never tried it as a remedy for this special disease.

¹ Virgil, "Georgics."

In the twelfth book of the "Æneid" we find another example of the knowledge of Virgil in medical botany. Æneas was wounded in the leg by an arrow; the blood flowed, there was hemorrhage. It was Venus herself who carried to the surgeon, old Iapis, the plant, an infusion of which was to wash the wound. This was the dittany of Crete, with cottony leaves and purple flower, so well known to wild dogs when they are wounded by arrows. Venus gave the plant great virtues; by mixing it with ambrosial juices it became an odorous panacea.

Iapis, without knowing the power of this remedy, proceeded to dress the wound of Æneas. Suddenly the pain disappeared from the body of Æneas and the blood ceased flowing from his wound.

"Subitoque omnis de corpore fugit
Quippe dolor; omnis stetit imo vulnera
sanguis."

Now the dittany gathered on Mount Ida by the goddess was nothing less than the famous dittany of Crete, a species of *Origanum*, of the family of *Labiates*. It was celebrated in ancient times for the curing of wounds, and it is still used to some extent in modern therapeutics; it enters into the composition of the *electuarium diascordium*, and the confection of compound saffron.

As for the salutary juices of ambrosia and the odorous panacea with which Venus admixed her liquid hemostatic, it was *chenopodium ambrosioides*, of which *mate* or Paraguay tea is only a variety.

We have seen that Virgil was a botanist. Let us now look at him as a hygienist.

If Virgil knew nothing of microbial theories, he nevertheless suspected a morbid principle arising from a diseased organism and capable of contaminating by its contagion the healthy individual. The observers of antiquity all noted that infectious diseases arose from a centre of deleterious emanations, and the atmosphere served as a vehicle to propagate maladies.

Melboeus says to Tityrus: "Thy fat-tened sheep have not to suffer from strange pastures, and, becoming mothers, they fear not the contagion from neighboring flocks."

"Non insueta graves tentabunt pabula fetas
Nec mala vicini pecoris contagia laudent."

In his third book of "Georgics" Virgil gives us a very curious description of a

celebrated epizootic. This disease, he says, attacked the sheep-folds and carried off the flocks. Already a pestilential air was generated by the autumnal heat, and wild and domestic animals perished, poisoning the lakes and infecting the pastures. The English reader is referred to John Dryden's translation for the fuller notes:

"Here from the vicious air and sickly skies
A plague did o'er the dumb creation rise;
During the antumnal heat the infection grew,
Tame cattle and the beasts of nature slew.
Poisoning the standing lakes and pools impure,
Nor was the foodly grass in fields secure.
Strange death! for when the thirsty fire had
drunk
Their vital blood, and the dry nerves were
shrunk,
When the contracted limbs were cramped, e'en
then
A waterish humor swell'd and oozed again,
Converting into bane the kindly juice,
Ordained by nature for a better use."

Virgil tells us that the cattle presented different symptoms; their limbs grew weakened, they drooped stupidly, their eyes were dimmed, and their heads hung as if weighed down to the earth. They vomited blood mixed with foam and uttered long lowing groans before dying.

"The fawning dog runs mad; the wheezing
swine
With coughs is choked and labors at the chine.
The victor horse, forgetful of his food,
The stud renounces and abhors the flood;
He paws the ground, and on his hanging ears
A doubtful sweat in clammy drops appears;
Parched is his hide, and rugged are his hairs,
Such are the symptoms of the young disease."

So our poet describes the variety of disease manifest in each animal, and especially dwells on the contagion of the malady. He mentions the pustules that form, and that mere contact serves to carry infection.

"Verum etiam invisos si quis tentarat amictus,
Ardentes papulae, atque immundus olentia
sudor
Membra sequebatur; nec longo deinde moranti
Tempore contractos artus sacer ignis edebat."

That's the malignant pustule inoculated to man by the virulent matter arising from skins and hides of animals attacked by carbuncular affections. Virgil perfectly describes the inflammatory gangrene, the slough that appears afterwards, as well as the general adynamic and ataxic symptoms that accompany the last period of the disease, when good treatment has failed to check the malady.

It is truly curious to see the author of the "Æneid" reveal his knowledge of the veterinary art. If you desire it he can teach you the causes and symptoms of all affections attacking flocks and herds—

"Morborum quoque te causas et signa docebo."

The unclean itch or scabs affects the sheep—

"Turpis oves tentat scabies."

Bramble and thorn bushes destroy sheepskins and induce abscesses. "What is the remedy," asks Virgil? "It is best to bathe them in running water," adds our poet.

"Or, better still, shear off their thickened wool,
Anoint their hides with grease and sulphur
full,
Take fir roots, anticyrra flowers and tar,
And mix with onion juice when ulcers are."

Virgil advises puncturing the purulent centres, and in some cases prescribes bleeding. He lays down antiphlogistic treatment for dogs and hogs attacked by quinsy (angina).

He describes the diseases of bees. He states: "Their color changes, a horrible thinness disfigures them; we note them removing the dead bodies of their companions from the hive; they remain suspended from the hive by their little feet, or rest quietly in their cells, where they languish, famished by hunger and stupefied by coldness."

To cure bees from swarming he advised burning galbanum in the hives. It was also well to feed the bees some honey mixed with myrtle, dried roses, sweet wine, thyme from Hymettus, odorant centaury and aster amellus. Let us remark that as regards dysentery and vertigo, apiculturists have discovered no other signs of this disease, that has for its cause a cryptogrammic product in the bee's stomach. Let us remark, too, that the treatment of sick bees most in vogue at the present day is almost the same as that prescribed by Virgil, i.e., treatment by compositions that have ingredients with anti-septic properties, like thyme and galbanum.

Still another example of the utility of empiricism in medicine. Hygiene informs us as to the action of salt upon the organism; it excites the mucous buccal secretions, increases the flow of saliva and mucus, provokes appetite and stimulates the production of gastric juice.

After the experiments made on animals by some physiologists, it appears certain that salt added to rations of forage favorably modifies the quality of meats and possesses a real influence in fattening cattle. Salt forage was what Virgil recommended to the stock raisers of his time.

"Carry to thy flocks with thy own hands bean trefoil and lotus in abundance. Season with salt the grasses given thy sheep; for salt produces thirst, swells their breasts, and gives to all milk a most delicate taste."

"Ipse manu salsaque ferat praesepibus herbas,
Hinc et amant fluvios magis, et magis ubera
tendant,
Et salis occultum referunt in lacte saporem."

[*To be continued.*]

Sodium Cacodylate in Pediatric Practice.

Sodium cacodylate is recommended by Dr. Rocaz (*La Sem. méd.*, 1900, p. 382), chief of the clinic of children's diseases at the University of Bordeaux, in pediatric practice. He has employed it in over eighty cases, sixty of which he has been able to follow up to the very end of the treatment, and convinced himself that if administered internally twice a day, in aqueous solution, with the meals, it is well borne by children, and gives very good results, notably in anemia and in incipient tuberculosis. Regarding the dosage, the author gives the following quantities as the maximum daily doses: One-half to two-thirds of a grain to children from ten to fifteen years of age; one-third to one-half grain to children from six to ten; one-sixth grain to children from three to four years, and proportionately smaller doses to younger children. Before commencing this treatment it is always necessary to examine the condition of the kidneys, and then carefully to watch the susceptibility of the organism to the cacodylate; during the treatment, it is well every once in a while to suspend the drug, in order to guard against cumulative action.

With these precautions, he has been able to avoid those disagreeable by-effects from which adults subjected to this treatment sometimes suffer; he has never noticed any alliaceous odor in the breath, or diarrhea, vomiting, cutaneous eruptions, congestions, etc.—*Merck's Archives*.

Book Reviews.

Obstetric and Gynecologic Nursing. By E. P. DAVIS, A.M., M.D., Professor of Obstetrics in Jefferson Medical College and Philadelphia Polyclinic. 12 mo, 402 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Price, \$1.75.

This book is one of the best that has come before us on obstetric and gynecologic nursing. The ability and ripe experience of the author eminently fit him for the making of a book which is practical and up to date on methods of asepsis and antisepsis. It is written in a plain style, so that any nurse of intelligence will be benefited by its perusal. Its many illustrations, which impart information oftentimes better than words, are fine and well chosen.

Obstetric nursing requires special instruction and training to obtain the best results. All over this land there are thousands who do obstetric nursing and are not situated so as to get the proper training for their work, to whom this book would be of inestimable worth. It would be well for physicians to recommend a work of this kind to their nurses who have not had the advantages of a training school.

J. A. J.

Diseases of the Tongue. By HENRY T. BUTLIN, F.R.C.S., D.C.L., Surgeon to St. Bartholomew's Hospital; formerly Erasmus Wilson Professor of Pathology and Hunterian Professor of Surgery at the Royal College of Surgeons; and WALTER C. SPENCER, M.S., M.B. (Lond.), F.R.C.S., Surgeon to the Westminster Hospital and in charge of the department for diseases of the nose and throat; formerly Erasmus Wilson Professor of Pathology at the Royal College of Surgeons. Illustrated with eight chromo-lithographs and thirty-six engravings. Cassell & Co., limited, London, Paris, New York and Melbourne. 1900.

A peculiar subject out of which to fashion a book, but Dr. Butlin has succeeded in making it exceedingly interesting. Many important things can be learned from a close study of the tongue, as every practitioner knows, and a book compiled from the observations of years cannot fail to crystallize these points in the reader's memory. The writer has not relied upon description alone to convey the thought, but has inserted a number of remarkable colored plates which carry out

the pathological idea exceedingly well. After a short chapter on anatomy of the tongue every possible variety of disease of this organ is fully discussed and in many instances illustrated. Of especial mention are the chapters on carcinoma, which has been approached especially from its pathologic and surgical side. M. A. B.

Treatment of Cholelithiasis.

Although it must be conceded that valuable time should not be wasted after the failure of drug treatment for the relief of gall-stones before surgical help is summoned, especially if jaundice and fever are present, still the modern tendency to regard remedial measures of a medicinal character in the treatment of this complaint as altogether futile is neither justified by experience nor can it be conscientiously defended on theoretical grounds. There is a mass of evidence to show that in many cases the administration of alkaline waters, such as Carlsbad salts, has been followed by permanently beneficial results. There is also undoubted proof that the advocates of the use of olive oil in the treatment of gall-stones are able to quote the results of a collective investigation on the efficacy of the oil treatment, in which 98 per cent. of the cases were afforded positive relief; in some instances olive oil in from five to ten ounce doses has been known to be a most effective remedy, especially in shortening an attack of biliary colic, and it is also said that glycerine is of great value when employed in the same manner. An interesting case has recently been recorded in which the benefits to be derived from the medicinal treatment of gall-stones is typically illustrated. By using sulphurous waters the patient in question, who had derived no relief from a season at Carlsbad, was cured of the affection. The conclusion has been drawn from this case that in cases of biliary colic preference should be given to the sulphurous springs in lieu of the alkaline waters whose cholagogue efficiency is probably problematic. This undoubtedly appears to be a somewhat too sweeping deduction to be drawn, but the case affords ground for believing that further attention should be paid to the more extensive use of the sulphurous spring in the treatment, palliative and otherwise, of the symptoms caused by biliary calculi.—*Med. Press and Circular.*

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The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

MARCH 16, 1901.

WHOLE VOLUME LXXXV.

THE MEDICAL MAN'S POSITION IN EDUCATION.

BY BROSE S. HORNE, M.D.,
BLUFFTON, IND.

"As the child standing by its parent's knee, asks explanations alike of the simplest phenomena and of the most profound problems, so should man, turning to nature, the living, visible oracle of his Creator, continually ask for knowledge."

As we step into the twentieth century our minds frequently think of subjects that are of vital importance, but yet not often considered in public print. There is no doubt but what the impression is abroad that there is a conflict between the school instructor and the medical man. It cannot be doubted that they consider the same subjects from different points of view, but that there is an actual conflict I doubt very much. People who are striving to do good in an honest way should not permit individual feelings to rob them of their great effort to foster good and eliminate harm.

The physician is inclined to believe that the school instructor develops, or, better, overdevelops the intellectual growth of the pupil at the expense of the physical growth of that pupil. There can be no doubt that in the near future the members of the medical profession will take an active part in the instruction of the youths of this and other countries. But they will come not as enemies to the school teacher; on the contrary, as friends.

As a rule the honest physician is welcomed when he offers his assistance, if a calamity is about to befall a people and consequently wreck many lives. Tell me, I pray you, if history does not demonstrate that the medical profession stands always among the first to give assistance. Go into what community you like, and if you find the local minister of the gospel being revered as above ordinary humanity, and the physician slightly esteemed, I will

suggest that you will come to the same conclusion as I, that the society there is suffering from ignorance verging almost on to barbarism.

It is doubtful if there is any other class of men who silently trudge along, doing all the good they can, and who are, in the face of all this heroism, so misunderstood and abused. Yet, in the midst of this disloyal support of the people, with heavy burdens on their back, and verging almost on financial starvation from poor collections, these tattered, care-worn, abused medical men, while so burdened, with something akin to the spirit the "Great Physician Christ" manifested on the cross years ago, they walk along the narrow path of "duty," ever ready to lend assistance to all who need them. So must we claim that the honest physician is intruding who is desirous of bringing a message of help to the school instructor.

Must it not be admitted that he who makes a special study of any particular line is better fitted than he who knows nothing of it? "No man can teach another what he does not understand himself." Herbert Spencer said: "The first requisite for success in life is to be a good animal." If this be true, the indications point that the animal must be as near perfect physically as possible before the intellectual growth "will take." Montague expressed his opinion by saying: "To brace the mind we must strengthen the muscle." Observation teaches us that without the proper supply of physical strength we cannot have any great intellectual achievements. So the physicians are justified in their claim that we must surrender much of this "red-tape" in our schools and devote more time to the physical development of the pupil. "Bodily

defects in man are not due to original sin; the bad are often physically better than the good; man has given more attention to the physical culture of the lower animals than to himself, hence the former's superiority," says Skene. But, you say, we do endeavor to bring about these achievements. This we will admit, but do you do it? Does it not appear to reason that in order to accomplish anything great it requires or necessitates special training in that line. If you know not a thing yourself, how can you teach it? In case you call for advice from those who have given man a study from a scientific point, considering not only his mental but his physical and often his moral capacity as well, then your inquiry carries us just to the point we wish to dwell upon and impress—that the medical profession must and should play a prominent part in the education of the youths of this country. Not that they take no part now, for they do, as any men or class of men do, for, as has been said, "The school of the intellectual man is the place where he happens to be, and his teachers are the people, books, animals, plants, stones and earth around him."

Ah! my friend, this is the school that gave the world such men as Jesus Christ, Huxley, Draper, and others. However, it is my sincere opinion that there will be an organized effort on the part of the medical men to take a step in this great educational growth; it may cause conflict, as some desire, but, nevertheless, it will come. And as I write these words, I imagine I hear you say: "And the physicians will leave their calling and interfere with the teacher's work?" Some may call it interference, but, let it be termed what it may, they will take part, not as school teachers, possibly themselves, but the coming instructor will be educated in medicine, he will have a working knowledge of this great science, and will be able to classify each pupil physically as well as mentally. He will detect any physical weakness, and observe the laws of heredity, and he will endeavor to give the pupil the amount of work he can sufficiently master. The instructor will strive to promote physical strength, and thus raise the class of peevish, overworked pupils to a standard of physical vigor; as the air of Colorado revives the sufferer from phthisis, so the mind of the trained

psychologist will revive this temple in which the spirit of God dwells. Having had to deal with science and observe the operation of natural laws, which are the laws of the Omnipotent, his conclusions will be reached with scientific accuracy, and he will disrobe the question of all its deceiving appearances, and see it naked as it is. There will be a demand for those individuals who are able to train both the body and mind for a vigorous and active manhood.

The past and present instructors have been and are inclined to have a fixed average of mental capacity in children; have seemingly practiced their art by applying set rules to the pupils in general. Individualization is what must be practiced, no one can doubt. To be convinced of the lack of originality and perceptibility of the instructor, we need but consult past history, which demonstrates beyond disputation that teachers have failed to detect the most brilliant minds, and have allowed the "subjective mind" to remain dormant until the individual himself reached a point in maturity and the brilliant qualities reached the surface in spite of the discouraging remarks of the school instructor. If this be true, the question naturally arises, how many brilliant minds were throttled in the class-room in their vain attempts to be recognized, and suppressed from asserting their intellectual powers? How many Walter Scotts—yes, how many Newtons?—met their untimely and intellectual graves and were plunged down into everlasting darkness just for the want of an instructor who was trained in the laws of human nature? As evidence to substantiate the allegation, we, from necessity, need only consult the biographies of any of our prominent men, in particular Walter Scott, Sir Isaac Newton, Rider Haggard and others. Many a dunce in the school-room owes his weakness to some undetected eye or ear strain, or often from some other physical weakness.

No one can testify to these facts more readily than the physician in active practice. If these premises be correct, why call the physician a meddler because he is striving to benefit this or that particular pupil to receive the knowledge that is being imparted to him? Should the physician or physicians be accused of endeavoring to benefit their own mean estate, if you please, if they insist upon being

heard on questions intellectual as well as medical?

That too much time has been devoted to the pupils by certain rules in a general way, and not enough devoted to the individual, cannot be disputed. If it is possible, and it surely is, to have the instructor trained in medicine, and here I use the term in its broad sense, the physical condition of the child would receive consideration at all times; the habits of the mind would be studied and the passions would be subdued. Horace Fletcher says: "All the evil passions are traceable to one or two roots," namely, "anger and worry."

The child from constant endeavors wears the active mind, lowering its vitality, and in this way develops a disposition to worry. If the pupil has an aggressive disposition, the instructor not recognizing the fact, may develop in that child the "fits of anger" so often met with. The individual may, when he reaches the age of accountability, subdue it, but, unfortunately, from lack of psychic force they may accompany him to his grave. "The true principle of elevating and improving the human race is to equalize the temperaments, as far as possible, by such physical and mental culture, occupation and position in society as are best adapted to the improvement of the defects of the body or mind." We all recognize the necessity of having an instructor that can detect the individual peculiarities of the pupil and at once make efforts to stimulate the good and weed out the bad.

One writer says: "There is a way to direct every child with a reasonably sound mind, so that he will seek that which is good and beautiful, and know how to find what he seeks." The same writer also says: "I want my boys to feel, first of all, that education is neither a task nor a duty, nor a job to be done, and it is no way apart; I want them to feel that every moment of time of their lives is alike a time to learn, and that every place is a place where knowledge may be gained. If you are acquainted with a boy's interest you may discover his desires long before he discovers them. But without the desire to know, you can teach him nothing." "Teachers seem to have but one idea, and that is to store the mind with knowledge and enforce good moral behavior." "A knowledge of mathematics and astronomy is of little value or comfort to a pale,

bloodless girl, who suffers from indigestion and backache."

All who are familiarized with the schools in our small cities, towns and villages realize the great amount of harm epidemics do every year. In some of our larger cities a medical inspection is made of the pupils each morning by a physician. The inauguration of this system has promise of being a vast blessing, and the sooner the system becomes general the better it will be for our people. But if the instructors in our institutions of learning had a working knowledge of medicine they could recognize many of the communicable diseases, and take the proper steps to suppress them, as did one public instructor in this State during an epidemic of smallpox, and by so doing he brought great credit upon himself and the institution he was connected with. If the instructors are so informed they save the expense of a "medical inspector."

As we rapidly advance toward perfection may it be our desire that conflicts will be few. When a new class appears in the arena it is to be hoped they will be received as *friends*, not as *foes*; as the old passes away may the new be received with admiration, for it is of no consequence who were the agents that established the "good" on earth, as it all emanates from the same source. If the carrier be an angel or a man, what does it matter, if the desired end is reached?

"Wisdom is the principal thing; therefore get wisdom; and with all thy getting, get understanding."

Two years ago Dr. Rudolf Herzog, of Tübingen, undertook excavations in the island of Cos with the view of finding the temple of Æsculapius. At a depth of eighty centimeters (thirty-two inches) he came upon a mosaic flooring which represented Orpheus charming the wild beasts. At a depth of two and a half meters (nearly eight feet) in the neighborhood of the church of St. Anna he found two columns, and not far from them the remains of an aqueduct and a small statue of a young man. Great importance is attached to Dr. Herzog's discovery of the supposed temple of Æsculapius. The excavations are still in progress, and it is hoped that many antiquities will be found.
—*Med. Age.*

**SOME RECENT OPERATIVE WORK FOR
THE RELIEF OF CYSTOCELE.***

BY I. S. STONE, M.D.,
WASHINGTON, D. C.

Operations upon the pelvic floor often fail to cure a prolapse of the uterus and bladder, because surgeons have generally relied upon posterior colporrhaphy and perineorrhaphy, and often leave the prolapse of the anterior vaginal wall to overcome their otherwise well-directed efforts. We see in text-books and elsewhere descriptions of the various operations on the anterior vaginal wall for cure of cystocele, but claim that in principle they are wrong, and that they often fail to give permanently satisfactory results. The chief cause of failure of all operations upon the anterior vaginal wall for cystocele has been due to their dependence upon a mere denudation of the approximated surfaces. The underlying fascia, which should be called into requisition, is not exposed, and consequently is not utilized in giving support to the prolapsed viscera. In the Stoltz "purse-string" operation, a denuded area over the cystocele is brought together, which in turn pushes or projects a portion of the vagina into the base of the bladder. In the "Stoltz operation" this is nearly round, or perhaps is of conical form.

In the ordinary anterior colporrhaphy this projection extends along the entire length of the denudation within the vagina, and is consequently a ridge of greater or less height, projecting upwards into the bladder, and to which the organ is attached. When the weight of the intestines (intra-abdominal pressure) in the erect position comes upon a distended bladder after such an operation, we have every reason to think many of them fail to stand the strain, and the result is a return of the prolapse. To secure the best results from operations for these cases of prolapse it may be well to remember that in many respects they are comparable to hernia in the inguinal region.

Hernia operations, in order to succeed, as a rule involve a restoration of the internal and external abdominal rings in their appropriate relation to each other.

* Abstract of paper read by invitation before the Academy of Medicine of Cincinnati, February 18, 1901.

The internal ring is purposely placed in such manner that it is not directly opposite the external. The same relative position of the soft parts in the female pelvis may be observed, which gives the best support to the viscera, because there is to some extent a compensatory relation between the structures which are known to be anterior to the birth canal and those posterior, or what is known as the pelvic floor. We have called those soft parts extending from the anterior surface of the uterus along the anterior vaginal wall to the symphysis pubis the "upper" or "*superior plane*," while those structures extending from the fourchette to the coccyx, and including the perineum and posterior vaginal wall, the lower or "*inferior plane*." If we can imagine the uterus, bladder and anterior vaginal wall removed, we have every reason to think the lower plane inadequate to furnish proper support to the viscera. But, on the contrary, with all the lower plane or pelvic floor removed, we should find the uterus and bladder, with the superimposed viscera, well sustained. It is my impression that all successful surgeons recognize this claim, and we only mention it to show additional reasons for what furnishes an opportunity to give better results, even if we utilize a well-known principle. The practical fact is perhaps clear to all that the perineum, if uninjured, extends far in front of the cervix uteri, and that the pelvic floor proper is overlapped by what we call the "*upper plane*," the most perfect results being assured when both planes are in normal relation to each other.

Before we operate for prolapse of the uterus or bladder we should ascertain how much mobility the uterus possesses. If it gives no support whatever to the bladder, or, in other words, if it can easily be drawn externally (third degree of prolapse), the fundus should be fixed to the abdominal wall and the operation should proceed along the lines indicated in a paper read about one year since (*vide American Gynecological and Obstetrical Journal*, January, 1900). But in the vast majority of cases where there is only partial descent of the uterus the proposed operation will render the usual ventro-suspension or fixation unnecessary.

The incision is made with scissors in the median line through the anterior vaginal wall down to the cellular tissue over

the bladder, and without fear of cutting that organ. By means of a gauze sponge, and aided by forceps, we can easily separate the bladder from the vagina as far laterally as may be necessary, without fear of harm. If we have a large cystocele, it is easy to extend the incision from the meatus to the cervix, and separate the bladder from the anterior surface of the uterus if desired. The flaps on each side can be cut away until the edges can be brought together in the median line, leaving the anterior wall perfectly straight across, and without the least sagging, or prolapse remaining. When one separates the bladder from these vaginal flaps it is quite easy to see what firm support such an extensive exposure of the fascia must give. Instead of drawing the folded vaginal wall with the bladder toward the median line, as in the ordinary colporrhaphy, we may expect in this operation to have extended our support far out laterally toward the pelvic wall, and, in fact, the bladder becomes attached throughout its base in a new and higher position. It is on a much higher plane in the pelvis, and its base is left attached in a stronger and better position without unnecessary folds or corrugations. A bladder should have its trigone at its lowest point, i.e., it should the better empty itself if the viscera were above rather than below this level. Accordingly, we favor doing our utmost to elevate the bladder as far as necessary to promote its easy evacuation, and we believe there is no method comparable with this, when we seek to cure a large cystocele with the added cystitis, which is properly due to inability to completely empty the bladder. We use nothing but good sterile cat-gut in closing the wound, and place interrupted sutures about one-fourth of an inch between. The usual posterior colporrhaphy is generally necessary in addition to this, and we always rely upon that of Emmet or Reamy, both of which seek to unite the overstretched fascia along the posterior vaginal wall and rectum. Finally, we can expect the very best results from this operation, if one may rely upon over a year's experience with it. In not a single instance have we been disappointed with the results, and, fortunately, we have been able to watch the result in some private cases who have returned at regular intervals for observations, giving far more satisfactory information than that we usually obtain from our free hospital services.

Examination of the Blood in Cancerous Affections.

M. Hartmann, at the Académie de Médecine, said that it would be well in all cases of suspected cancer of the stomach to examine the blood as regarded anemia and leucocytosis. In a woman, aged forty, suffering from gastric trouble which seemed to be produced by carcinoma, the examination of the gastric juice confirmed him in that opinion. When he performed laparotomy he found the stomach quite healthy, and the patient made a good recovery from all the symptoms. The result of the examination of the blood was contrary to the idea of cancer, and he confessed he was wrong in not having allowed himself to be guided by it.

Another of his cases was quite the reverse. He had diagnosed in a man, aged forty-eight, gastric ulcer, but examination of the blood indicated cancer. When he opened the stomach he found that it was, in fact, a case of cancer, and not of gastric ulcer.—*Paris Cor. Med. Press and Circular.*

Malaria.

The connection of the mosquito with the causation of malaria in the human being has been placed beyond doubt, but that is not the same thing as proving that the plasmodium completes its life cycle exclusively through man and anopheles. The mosquito theory of malaria can be held to be a true explanation of the etiology of the disease without necessarily controverting the contention that the parasites can and do obtain the malarial organisms from other sources than the human blood, for supposing that this were not so, then it must appear that the depopulation of a malarial neighborhood for a certain period would mean the disappearance of malaria; but this is not found to be the case. Further, whatever can be said in advancement of the mosquito theory of malaria can be applied with equal force to this view in modification of it. It is not unreasonable to suppose that one of the results of the present day interest in this subject will be a full and complete elucidation of the life cycle of the plasmodium concerned.—*Med. Press and Circular.*

**REV. JOHN WESLEY AS A
PHYSICIAN.**

BY H. V. SWERINGEN, A.M., M.D.,
FORT WAYNE, IND.

It is perhaps not generally known that the founder of the Methodist Church was also a medical author, if not a practicing physician. His book, "Primitive Physick," bears the date of 1747, and passed through several revisions and a number of reprints. In its preface Mr. Wesley infuses a little of his theology as follows:

"In Adam's fall
We sinned all,"

and so became subject to disease and death.

In presenting his "plain and easy way of curing diseases," he says he has "only consulted experience and common sense." His prescriptions or "receipts" are ever and anon marked "Tried," believing in experimental medicine as in experimental religion. For "bleeding at the nose" or to prevent it: "In a violent case go into a pond or river. Tried." In milder cases, "Hold a red-hot poker under the nose." "Or, drink whey every morning and eat raisins much." To cure "chop hands," "wash with soft soap mixed with red sand." For simple fever, "a pint and a half of cold water lying down in bed." "A delirium is often cured by applying warm lambs' lungs to the head."

For gout his remedy is treacle rubbed on. For "chronical headache" "wear tender hemlock leaves under the feet."

For hoarseness, "rub the soles of the feet with garlick and lard." The "juice of rotten apples will heal dullness of sight." To "prevent old age: Take tar-water morning and evening. Tried." He also recommends for this purpose "decoction of nettles." The sufferer from vertigo "must snuff up daily the dew that is on mallow leaves in a May morning about sunrise." To cure baldness: "Rub the part morning and evening with onions 'till it is red; and rub it afterwards with honey." For a stitch in the side, "treacle and hot toast." Wesley also preached a sermon on "The Cause and Cure of Earthquakes."

Viewed in the light of the dawn of the twentieth century, the Rev. John Wesley was a "little off" in his medical and theological ideas, yet the present trend of

thought along occult and psychological lines would seem to support the utterance he made in the month of May, 1768, as follows:

"It is true, likewise, that the English in general, and, indeed, most of the men of learning in Europe, have given up all accounts of witches and apparitions, as mere old wives' fables. I am sorry for it; and I willingly take this opportunity of entering my solemn protest against this violent compliment which so many that believe the Bible pay to those who do not believe it. I owe them no such service. . . . If but one account of the intercourse of men with separate spirits be admitted, their whole castle in the air (deism, atheism, materialism) falls to the ground. I know no reason, therefore, why we should suffer even this weapon to be wrested out of our hands. Indeed, there are numerous arguments besides this which abundantly confute their vain imaginations, but we need not be hooted out of one; neither reason nor religion require this."

Surely, this quotation from Wesley's writings strikes a responsive chord in the minds and hearts of many scientists of the present day, among whom may be mentioned such men as Professor Alfred Russell Wallace, the discoverer (with Darwin) of the law of evolution, and Professor Crookes, who was a factor in the development of the X-ray; also Professors Hyslop, James, Hodgson, Coues, Dr. Paul Gibier, Wm. T. Stead, and many others who have spent years in the investigation of phenomena called occult, psychological or spiritualistic.

A BILL has been introduced into the French Senate as a remedy for the decreasing birth-rate. It is proposed to impose a tax upon the unmarried of both sexes after they reach the age of thirty, and upon childless couples who have been married five years.—*Med. Age.*

THE Medical Department of the University of Buffalo is in receipt of a gift of \$50,000 for the purpose of erecting a laboratory to be devoted entirely to research work. It will be known as the Gratwick Research Laboratory.—*Med. Age.*

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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DR. J. C. CULBERTSON,
817 W. SEVENTH STREET, CINCINNATI, O.

SATURDAY, MARCH 16, 1901.

ALCOHOL.

The use of the hatchet in Kansas to lessen the influence of alcohol has attracted the attention of the whole country to the method pursued rather than to alcohol, the primary cause of the crusade. The hatchet method is not likely to do any permanent good in correcting the drink evil unless indirectly it invokes other procedures which will appeal to the reason and conscience of the people.

Many articles have recently appeared in medical journals which speak of alcohol in no complimentary terms, and the consensus of opinion seems to be that the drug is only of value in a very few cases, and that often there are other drugs which will take its place without the danger of producing a bad habit. The time was when everybody was of the opinion that alcohol was a panacea, and that it added to one's strength both in disease and in daily toil.

It is the duty of the profession to prevent disease as well as to cure. An immense amount of energy is spent on the study of methods to repress tuberculosis, but little attention is given by the profession to the repression of the fearfully immoderate use of alcohol, which, in the estimation of many, causes a greater de-

struction of life and happiness, directly and indirectly, than tuberculosis itself. Indirectly alcohol causes disease by producing poverty; poverty packs people together in cities, then moral degeneracy and disease is a certain result.

Every physician should strike a balance between the beneficent and evil results of alcohol to the human family; when this has been conscientiously done there is not much doubt but that the evil will preponderate over the good to such a degree as to forbid the frequent and indiscriminate use of so potent a drug.

It is our firm conviction that it is within the power of the medical profession to check the use of alcohol. If physicians generally would teach their patients—and the opportunity is great—that the beneficial uses of alcohol are small, and that its power of working mischief great, that alcoholics ought to be put on sale only in drug-stores and then sold only on a physician's prescription, a great advance would be made which would aid mightily in solving other economic and social questions.

J. A. J.

MALPRACTICE SUITS.

During the last three years four of our reputable physicians have been sued for certain sums of money by supposed injured patients. These malpractice suits are generally filed at the instigation of some second-class lawyer, by worthless patients, who have received medical attendance gratis or for almost nothing. It seems superfluous to say that such long-drawn-out trials as that of Drs. Palmer, Cleveland and Goode were a source of much worry and expense. It unfits the busy practitioner for good conscientious practice, and hence a necessary heavy financial loss must be considered. Many of the profession of Cincinnati were out of patience with the injustice of such claims, and some months ago a resolution was proposed and brought forward before the Academy to

establish a fund for the purpose of defending members against malpractice suits. After considerable discussion it was deemed inadvisable to establish such a fund, and the motion was lost. Now one of our members is being sued for only \$10,000 because his patient died, and his defamers bring forward the nonsensical term of careless surgery in their so-called plea for justice. One year ago a company was organized in Fort Wayne, Indiana, with the object of defending its physician members against malpractice suits, and, of course, to make some money in doing so. It is only physicians now who work for nothing, and the majority of them in their goodness of hearts never realize what little compensation they receive until it is too late. Sometimes I have thought that if physicians looked a little more towards money and a little less towards science there would be more happiness in our families and much more respect shown to our profession by the people at large. The above company has a guarantee reserve fund of fifty thousand dollars, and now has many prominent physicians throughout the United States as members. The cost of becoming a member is based upon your income, and an investment of fifteen to twenty-five dollars a year as a guarantee that any malpractice suit against you will be defended by the ablest lawyers of your city, will at least relieve you of much care and anxiety.

M. A. T.

EDITORIAL NOTES.

DR. GUSTAVUS BLECH has been appointed Professor of Casualty Surgery in the Jenner Medical College. This is the first institution in the West to establish a chair for this branch of practical surgery and medicine.

DR. JAMES JOHNSTON, of Gallipolis, O., died suddenly March 8, 1901, aged sixty-seven years. He graduated at

Starling Medical College in 1857, was a native of Gallia County, O., and served as Assistant Surgeon in the 116th and 141st O. V. I. through the Civil War. He was prominently known in southern Ohio.

Chloral Hydrate in "Knock-out Drops."

The scientific acquirements of the criminal classes in Manhattan must certainly have reached a high pitch of perfection. It transpired in certain police-court proceedings that the well-dressed scoundrels who make a practice of drugging and robbing men who have come to stay in New York in order to see the town, have, for some time past, been exceptionally careful to procure their chloral as free from impurities as possible. It appears that chloral hydrate can be purchased, though, of course, at a high price, in New York without any difficulty, and in consequence of the demand for a really pure chloral hydrate, has resulted in extreme care being paid to its manufacture with a view to eliminate toxic and untoward effects. Experience is stated to have shown that a comparatively large amount of perfectly pure chloral hydrate can be administered for this purpose with safety, but that even so small a dose as twenty grains of the impure drug may prove fatal. It is somewhat disconcerting to find that chloral hydrate can be so easily procured for this nefarious purpose, and that the desire of a set of thieves to be enabled to obtain a toxic agent sufficiently free from impurities to obviate the risk of their being put on their trial for murder, should have been the reason for a more perfect method being followed in the manufacture of a therapeutic substance.—*Med. Press and Circular.*

THE following is an excellent ointment for chapped hands: Menthol, one part; salol, two parts; olive oil, ten parts; lanolin, thirty parts. To be applied morning and evening.—*Journal of Medicine and Science.*

MAL-ASSIMILATION.—I have prescribed Seng for indigestion and mal-assimilation and find the improvement marked from the beginning of its administration. I have prescribed it very successfully in a number of cases. Whenever I meet the two above conditions I never fail to use it.—J. H. LAWRENCE, M.D., Smithfield, Va.

Correspondence.

A PHASE OF THE WORK OF THE OHIO STATE MEDICAL SOCIETY.

CINCINNATI, March 9, 1901.

Editor LANCET-CLINIC:

In a few weeks our city will bid welcome to the Ohio State Medical Society. Let us make that welcome warm and enthusiastic, so that our visitors will carry away with them pleasant recollections of their sojourn in our midst. It will be our fault if those who attend the meeting do not derive pleasure as well as profit from their visit to the "Queen City."

It has occurred to the writer to call attention, in this connection, to a growing interest in a branch of medicine that has not in times past received the consideration that its importance deserved. I refer to preventive medicine. These annual meetings, to attain the greatest good, should cover a wide field of research, not only in the cure of disease and the mitigation of suffering, but also in that nobler field of prevention. The general practitioner has been too much disposed to regard medicine only as a means of curing disease, and his work is confined to an individual *clientèle*; while the sanitarian, looking at the interest of the public at large, sees in preventive medicine a more important branch of the science. A closer alliance between these two would add to the interest and good work of medical associations.

I do not wish to be understood as intimating that the Ohio State Medical Society has not been fully alive to the importance of State medicine, or public hygiene. Among the societies of the country it has taken a conspicuous place in this line. That it has ever evinced an active interest in such work is shown by the fact that it has been an earnest factor in securing intelligent legislation looking

to the prevention of disease, the promotion of public health, the suppression of quackery and the elevation of the standard of those permitted to practice in the State. This it has done not from selfish motives, but for the good of the State. In the presidential address of Dr. N. R. Coleman, in 1899, reference is made to much legislation tending to the advancement of the public welfare that has been secured largely by the efforts of the State Medical Society. To that society was mainly due the credit of having secured the passage of the law for the creation of the Ohio State Board of Health, and its most active members have been the earnest advocates of all measures increasing the powers and thereby adding to the usefulness of that board. The influence of members of the State Society assisted in securing the legislation authorizing the opening and equipment of a chemical and bacteriological laboratory by the State Board of Health, by which it was enabled to examine public water supplies, to make bacteriological examinations in cases of diphtheria, tuberculoses, typhoid fever, etc.; to examine food suspected to be the cause of disease, and do other valuable work for the State. The board had long felt the necessity for that indispensable adjunct to its means of usefulness, at the head of which it has a man of good judgment, ability, industry and probity, who is possessed of a thorough knowledge of both chemical and bacteriological work.

It is because of the efforts of the State Medical Society to give increased impetus to all sanitary activities that the writer feels that it may be depended upon to continue the good work until the apathy of interest in sanitary matters manifested by too many in the profession is removed, until still further powers are conferred upon the State Board of Health and abundant means given it to carry on its beneficent work.

The conventions of representatives of

local boards of health that have been held at Columbus every year since 1891 under the auspices of the State Board are for the purpose of better preparing the local health officials for the performance of their duties. At these meetings are considered the questions arising in the course of work done by local boards of health and the best methods of enforcing the sanitary laws, rules and regulations. These meetings are increasing in attendance and interest, there having been about four hundred at the last meeting. Such meetings, however, cannot take the place of medical societies in the discussion of all sanitary matters. Not all who participate are medical men, and they could not as intelligently discuss many of the matters pertaining to preventive medicine as could be done in a medical society. The powers and duties of boards of health in regard to the prevention of the spread of the communicable diseases are pretty fully and explicitly defined, but the means by which diseases are communicated and the best methods for restricting their spread are matters that can be better discussed by medical men than by the laity. The world looks to those who have had medical training for instruction on all subjects which pertain to health and longevity. Medical men are looked upon as the conservators of public health. They lay down the principles of sanitary science, the boards of health make application of those principles to the benefit of communities. They are the executors acting under the guidance of such information as is secured only by medical men. Medical men are the architects who make the working plans, the health authorities are the workmen who carry them out.

May we not, then, hope that a larger share of attention may be paid to this, the younger branch of medical science, that there may be fuller discussion of sanitary questions in the meetings of medical societies, so that physicians may become

better qualified to give advice on all questions having a bearing on the prevention of disease? Until the profession is awakened to the realization of the importance of sanitation the people will lack the education necessary to interest them in this work. Intelligent discussion has helped to limit the spread of the infectious diseases and has helped to overcome many of the obstacles to progress. Through the influence of the medical profession the public has been led to accept the rules and regulations that sanitarians have deemed necessary in this work, and without which isolation, quarantine, disinfection, the care of the dead and the restriction of funerals could not be enforced. With the aids to progress that physicians alone can give, the work of boards is made more effective; without it all the laws and regulations for the restriction of disease would be dead letters.

The State Board of Health has ever been alive to the importance of preventive medicine. Its first efforts were the establishment and instruction of health organizations for the entire State, and it now has the satisfaction of knowing that every city, village and township has a board of health—a total of 2,112 such boards, with a working force of over 12,000 men. It has sought to keep in close touch with the local boards through the annual conventions before referred to, and by means of a monthly journal established in 1888 as a medium of communication between the State and local boards. It has ever manifested an earnest desire to coöperate with and advise them, and to so systematize methods as to lead to the best results. It has sought to promote public education in hygiene. It has endeavored to keep fully abreast of the times in the work of suppression of the preventable diseases, and to this end it has yearly distributed hundreds of thousands of circulars containing plain instructions for the prevention of smallpox, diphtheria, scarlet fever, ty-

phoid fever, tuberculosis, etc., instructions in disinfection, rules of quarantine and the care and management of young children. There is reason to believe that the distribution of these simple rules and instructions has greatly lessened the number of deaths from preventable diseases. For the reason that two of these diseases, scarlet fever and diphtheria, are more prevalent among children of school years, letters have been sent to the superintendents of the public schools of the State, asking them to assist in the dissemination of instructions by sending copies of circulars to the homes of afflicted scholars. The interest manifested has been encouragement for the continuance of the work.

The State Board of Health has no more important work than the conservation of the water supplies. By a wise act of the legislature in 1893, all plans for proposed water-works or sewerage systems must be submitted to, and before construction must have the approval of, the State Board of Health. The board has already passed upon 220 such plans, and it has not infrequently been able in this way to protect communities from impure water or to prevent what would have been dangerous pollution of sources of existing water supplies.

To better carry out the intent of the law which places the introduction of public water supplies and systems of sewers under the supervision of the board, it is now engaged in a work that will be of inestimable value to the public; that is, the examination of the main streams and their tributaries in the State from source to outlet. Drainage maps upon which are shown the extent and character of the water-shed, urban and rural population of each, the location of cities and villages of over 1,000 inhabitants, and the population of each in 1880, 1890 and 1900, the maximum and minimum rainfall, maximum and minimum flow of the streams, sources,

amount and character of the pollution. Monthly chemical and bacteriological examinations of the water from these streams, taken at various places, have been made, special attention being given to the condition of streams above and below cities or towns where the stream is a source of public water supply. These observations, now nearly completed, have included the Scioto, Olentangy, Mahoning, Maumee, Sandusky, Miami and Muskingum Rivers. In addition to this, Prof. Edward Orton, of the State University, has prepared a report upon the deep water supplies, the results of which are included in the published reports of the board. The information thus obtained will be on record at the office of the board, and will be published with its reports. It is of much present value, and will be useful as a basis for future comparisons.

Under the supervision of the State Board of Health several plants for the purification of water have been introduced in the last few years. The board has prosecuted investigations upon that difficult problem of sewage disposal that has confronted so many municipalities in the State. At least six different methods are now in use in Ohio, and others are in contemplation. Some are as yet experimental, but knowledge gained from these experiments will assist in the solution of a knotty question for places that will soon be compelled to adopt means of sewage purification. These and the plants for the purification of water will require some oversight on the part of the State board to determine their efficiency and as a guide for other places seeking information along these lines.

The collection and tabulation of vital statistics does not now take the place in the work of the board that its importance deserves because of inadequacy of the law under which it acts.

It will thus be seen that the work of the board is rapidly growing in importance

and magnitude. The sanitary interests of the State are well guarded by an efficient office force under the direction of one of the most prominent sanitarians of the country—Dr. C. O. Probst, Secretary of the board since the first year of its existence. Beginning with an office force of one secretary, the work of the board has so increased that it has been found necessary to add a chief clerk, two stenographers, an engineer, a chemist and bacteriologist, all of whom are busy workers in a field that ten years ago would not have commanded the financial support necessary to carry it on or have been sustained by public sentiment. Even in the medical profession the board has been subjected to criticism by men who did not realize the importance of its work.

May not the enlightened sentiment that now sustains the board be fostered and encouraged by the State Medical Society, to the end that still more generous support may be given to the work of sanitation?

BYRON STANTON.

PUBLISHER'S NOTES.

PARIS EXPOSITION, A. D. 1900, awarded highest prize to William R. Warner & Co. in their class for the recognized superiority based upon the following claims: The exhibit consists of soluble sugar and gelatin-coated pills, parvules, dosimetric granules, elegant granular effervescent salts, compressed tablets, including a series of effervescent tablets, comprising lithia water, Kissingen water, and Vichy water tablets; standard medical fluid extracts, medicinal elixirs, syrups and wines, and a line of superior pharmaceutical preparations made in accordance with the recipes indicated by the United States Pharmacopeia, the formula of famous medical men and specialties of original invention.

FRANCIS RUDDEROW, M.D., Philadelphia, Pa., reports his experience with Glyco-Thymoline (Kress) in a case of tubercular laryngitis: "Albert M., tubercular laryngitis. Used Glyco-Thymoline (Kress) in spray and gargle with gratifying results. The cough lessened and distress of anginoid symptoms relieved. History of case shows three of family having same condition of larynx. Patient is improving."

DOES VACCINATION PREVENT SMALLPOX?

TROY, O., February 26, 1901.

E. STUVER, M.D.

My Dear Doctor—I have been interested and instructed by your writings in various journals on diverse subjects, all of which are excellent. The only objection I can possibly put forth against your deductions is that you believe that vaccination prevents smallpox. On this rock you have foundered, as no such fact can be sustained by science, experience or common sense. Take away sanitary science and all infectious diseases will be rampant in the land.

Yours,

J. W. MEANS, M.D.

* * *

J. W. MEANS, M.D., Troy, O.

Dear Doctor and Classmate—Your letter has been received and read with feelings of pleasure and sadness—pleasure to hear from you after so many years, and to learn that you are well and prospering; sadness to see that the brilliant and versatile mind of my old friend Means is befogged by the mephitic exhalations from the anti-vaccination slough of despond.

You say: "The only objection I can possibly put forth against your deductions is that you believe that vaccination prevents smallpox. On this rock you have foundered, as no such fact can be sustained by science, experience or common sense. Take away sanitary science and all infectious diseases will be rampant in the land."

If you have any facts on which to base such a sweeping assertion, a waiting world is ready and eager to receive them, and no one will welcome them more readily than your old friend and classmate. While waiting for these facts, however, let us examine this question and try to discover its true inwardness.

What do you mean by "sanitary science?" I would define it as the science and art of promoting healthy development, maintaining the mature organism in a healthy condition of normal functional activity, preventing the invasion of diseases and stamping them out as soon as possible when they have arisen.

I take it for granted that you accept the modern theories as to the etiology of disease, and believe that each is due to its own specific cause, and that measles, variola, typhoid fever, etc., are each caused by its own specific germ, and by nothing else, and that no amount of ordinary filth or unsanitary surroundings will produce any of these diseases, unless their own specific infect-

ing germs are present and come in contact with susceptible persons.

I believe I am safe in claiming that nearly all scientific and progressive physicians regard these questions as settled beyond all peradventure or doubt, so far as the above-named and other diseases are concerned.

Why do I believe that vaccination prevents smallpox? As the eminent scientist and physician, Virchow, said with regard to the efficacy of diphtheria antitoxin, I believe it because I am compelled to do so by the brute force of facts!

1. No historical fact is better established than that, before the discovery of vaccination, smallpox was one of the most fatal and dreaded scourges which afflicted humanity. It swept over Europe, leaving death, devastation and terror in its path; indeed, so widespread was the disease that, as the historian Macaulay informs us, it was a rare thing at one time to find a person in London not disfigured or marked by that dread disease. To-day smallpox is one of the rarest diseases, and scarcely figures in mortality statistics. You say this reduction has been brought about by "sanitary science," whatever you may mean by that, because if vaccination is *not* one of the most effective sanitary measures the world has ever seen, I do not know what you would designate it.

2. The English, German, French or American soldiers who have been properly vaccinated can be brought face to face with smallpox in the unhealthy tropics, in places reeking with filth, and all sanitary conditions much worse than the London described by Macaulay, and these soldiers are almost absolutely immune against the disease. Why is this? Does the sanitation of the countries from which they come, thousands of miles away, protect these men, in the midst of unnatural and health-destroying environments, against a disease which is destroying thousands of acclimated natives?

3. Why is it, if vaccination does not prevent smallpox, that epidemics of the disease can be brought under control by this means, and *by this means alone*? Else why should the bitter opponents of the measure resort to it for safety in the face of danger, as they did in the epidemic in England a few years ago?

4. I have often thought that through generations of vaccination a vital resistance has been created, and a partial immunity established, so that when smallpox attacks even those who have not been personally vaccinated, owing to the mitigating influence of vaccination in their ancestors, the disease assumes a milder form.

5. As every observer knows, smallpox epidemics nearly always follow comparatively long

periods of immunity from the disease, when the people have become careless, neglected to be vaccinated, and there are large numbers susceptible to the disease.

6. But the anti-vaccinationist holds up his hands in horror, and with a scared look and bated breath calls our attention to the horrible diseases and occasional deaths caused by vaccination. Admitted that syphilis and other diseases have been conveyed, and blood-poisoning caused in rare instances (and they are exceedingly rare, compared with the whole number of vaccinations), still the evil is but a tiny trickling rill alongside the great river of beneficence which this grand discovery has brought to soothe and save suffering humanity.

With approved modern methods for the production and marketing of bovine vaccine virus, and proper antisepic or aseptic precautions in making the vaccinations, even these infrequent accidents ought to be almost entirely prevented. It would be just as fair to formulate an opinion as to the propriety and justifiability of abdominal operations and major surgical operations from their early pre-antiseptic and pre-aseptic mortalities as it is to condemn vaccination for accidents and dangers that attend the use of infected virus and careless methods of performing the operation years ago, rather than to judge it by the results following the use of pure bovine virus and aseptic operating of the present time.

7. Then, too, a method which has passed through the ordeal of more than a hundred years of the closest investigation and most searching criticism, which has received the unqualified approval and support of nearly all scientific physicians in the whole civilized world, which has lifted the dark cloud of terror which paralyzed humanity so that the great majority of people have come to regard the once dread disease as an insignificant danger; when, I say, any preventive measure has accomplished such results as these, he is, indeed, a bold man who will advocate its discontinuance, unless he has something better to offer in its place.

8. I have often thought that, with the great benefits and small dangers of vaccination so generally recognized, and its benefits established on such a firm foundation, it was largely a matter of supererogation to resort to such severe measures in warding off smallpox. The persons who will not protect themselves against the disease do not have "common sense" enough to enjoy good health, and should be left to their fate.

Very truly yours,
E. STUVER, M.D.

FORT COLLINS, COLO., March 2, 1901.

Current Literature.

#*

Average Age at Death of Dentists.

The lowest death-rate in any vocation is said to be that found in the ranks of clergymen, the average age at death in this profession being quoted as about sixty-eight years. The variations in the average ages at death of the different callings in life run from sixty-eight to forty-three, and the death-rate of dentists is given at forty-five, this mortality is about on an average with that noticed in people who live lives of excessive work, either mental or physical, and especially if the complication is added of an occupation requiring a cramped and constrained position. The very nature of a dentist's calling necessitates an indoor life, and every effort should be made by practitioners in dentistry to make a decided endeavor to cultivate those obvious methods of life which tend to counteract the deleterious effects of the severe labor and appreciable exhaustion incident to the arduous nature of a dentist's daily work.

—Med. Press and Circular.

A Simple Remedy for Senile Pruritus.

The troublesome itching to which many persons advanced in years are subject is a condition which, so far, has proved refractory to every kind of treatment, both external and internal. This failure to relieve has been explained on the assumption that the symptom is due to senile changes in the deeper layers of the skin or in the sensory nervous apparatus. A Breslau physician states, however, that the itching is almost invariably relieved by rubbing the skin over the pruriginous areas with a soft brush for from ten to twenty minutes two or three times daily. After a few days a single application of the brush before going to bed suffices to avert its recurrence. The brushing removes much epithelial débris, the presence whereof is the cause of the itching, but it is important to avoid the use of a hard brush which is apt to intensify the cutaneous irritation. It is well to swab the surface, after brushing, with pure spirit or eau de Cologne, allowing it to dry by evaporation, and when this application is not well borne, to use lanoline or lanoline cream. The

cure, of course, is not radical, but it appears to provide the means of mitigating and controlling an otherwise intractable condition.—*Med. Press and Circular.*

Total Ablation of the Stomach.

At the last meeting of the Académie de Médecine M. Boeckel, of Strasburg, related a case astonishing as it was interesting, of total ablation of the stomach which he performed a few months ago. The patient, who is still living, was a woman, aged thirty-eight, who entered the hospital at the beginning of October for gastric troubles from which she had suffered for two years.

Palpation revealed in the left side of the epigastrium a hard and lumpy tumor about the size of an apple. It was exceedingly mobile, and the skin covering it was supple, smooth, and non-adherent. Neither sugar nor albumin were found in the urine, and the heart and lungs were healthy. The situation of the tumor, its mobility and consistence led the speaker to suppose that it was a case of carcinoma of the transverse colon, and which he decided to remove on October 9. In examining for the last time the abdomen, at the moment of operating, he perceived that the tumor did not occupy its previous position, but had moved to the centre of the stomach. He thereupon altered his diagnosis and considered the case as one of cancer of the stomach. He made his first incision through the linea alba about four inches in length, and when the peritoneum was opened he discovered beneath the left lobe of the liver the tumor which occupied the small curve of the stomach and extended to the pylorus. He drew the stomach out of the wound, and judging total resection was necessary, he freed it all round from the neighboring glands, and having cut through the cardiac end of the esophagus and the duodenum, and detached completely the gastric organ, he anastomosed the two ends, thereby terminating the operation, which had lasted one hour and a half. The results of the operation were very simple; the wound healed by first intention without fistula, and the patient was able to leave her bed on the twenty-second day, and to leave the hospital on the thirty-third day of the operation.

As regarded the digestive functions they became rapidly satisfactory on the condi-

tion of giving to the patient very light repasts frequently repeated. The improvement in the general condition of the patient was demonstrated by a gain in weight of twenty pounds, showing that assimilation was perfect and regular.

From that case the speaker said he thought he was justified in drawing the following conclusions: Total ablation of the stomach was not only compatible with existence, but produced a notable improvement in the otherwise desperate condition of the patient. If up to the present its special indication was that of malignant tumor, the time would come when similar heroic treatment would be applied to certain grave affections, which by their seat and extent could not be treated by gastrointestinal anastomosis.

The operation itself was simple enough:

1. Liberation of the large curve by section of the gastro-colic ligament.
2. Liberation of the superior pole of the stomach between two forceps, placed on the cardiac extremity.
3. Liberation of the small curve by section of the gastro-hepatic ligament.
4. Section of the first portion of the duodenum.
5. Anastomosis of the cardiac orifice with the duodenum.
6. Reunion of the abdominal wall without drainage.—*Paris Cor. Med. Press and Circular.*

Olive Oil in Stenosis of the Pylorus and Duodenum.

Olive oil in large doses is highly recommended by Dr. Paul Conheim in organic and spastic stenosis of the pylorus and duodenum, and in dilatation of the stomach consequent upon such stenosis. In his paper presented to the Thirteenth International Medical Congress he reaches the following conclusions:

1. Cases of gastric dilatation not caused by an organic obstruction, but by a spasm of the pylorus in consequence of an ulcer or a fissure, are cured or greatly ameliorated in a short time by the daily administration of three to eight ounces of olive oil.
2. Even cases of pyloric or duodenal stenosis of a cicatrical nature, with resulting gastric dilatation, are relatively cured by large doses of the oil, systematically employed. Patients complain of no illness

as long as they avoid all excesses in food and drink. In these cases the pain and resistance caused by the friction is relieved by the mechanical effect of the oil.

3. Those cases of relative stenosis of the pylorus and duodenum which are characterized by a continuous secretion and by pyloric spasm coming on after the principal meals, improve or are completely cured by the oil treatment.

4. The oil is best taken—either naturally or through a stomach tube—in doses of about thirteen drachms three times a day, one hour before meals. If for some reason it cannot be taken three times a day, it should be given in the morning on an empty stomach in doses of about three and a half to five ounces.

5. The oil answers three indications: it breaks the spasm, diminishes the friction, and markedly increases the nutrition; because even in cases of very pronounced stenosis, it gets into the small intestine and is there absorbed.

6. In cases of ulcer the oil acts on the spasm as an anodyne; provided it is pure and genuine, it produces no secondary disagreeable effect. There is no belching up, no diarrhea, and the patients take it willingly.

7. In cases of cramp or spasm of the stomach of a purely nervous origin, the oil produces no favorable effect whatsoever—a fact which may serve as a point of differential diagnosis between spasms of organic and of nervous origin.

8. By the aid of the treatment with olive oil we succeed in improving a great number of cases of pyloric stenosis with resulting gastrectasis, so that surgical interference becomes unnecessary. It is, therefore, desirable to employ this treatment in all cases of pyloric stenosis before resorting to surgical operation.—*Merck's Archives.*

The Training of Sight.

Lord Wolseley having lately remarked upon the good sight of the Boers as one cause at least of their good shooting, and having ascribed this good sight to its constant exercise in the open air, Mr. Brudenell Carter has pointed out that it is not merely a question of open air, but of the training of the sight upon things that are far off and difficult to see. The defective vision possessed by so many children who have been brought up in towns is not

caused by errors of refraction alone, common as these are, but by an actual deficiency in acuteness of vision, a lack of development in the nervous structures involved in the act of seeing. "Vision," he says, "like every other nerve function, must be cultivated for the attainment of a high degree of excellence. The visual power of London children is not cultivated by their environment. They see the other side of the street in which they live, and the carts and omnibuses of the thoroughfares. They scarcely ever have the visual attention directed strongly to any object which it is difficult to see or which subtends a visual angle approaching the limits of visibility; and hence the seeing function is never exerted, or at least is not habitually exerted to anything like what should be the extent of its powers. With a country child the case is widely different." Mr. Brudenell Carter would like to see a place given to excellence of vision among the various physical qualifications which are habitually tested by competition and for which prizes are awarded, and he urges the desirability of volunteers taking up the exercise and training of the sight. "It is at least certain that our riflemen would not shoot worse for having learned to see better."—*The Hospital.*

Epilepsy and Adenoids.

Two cases of epilepsy in which marked amelioration followed the removal of enlarged tonsils and adenoids were brought by Mr. Lennox Browne before the last meeting of the British Laryngological Association. While these cases are by no means the first in his experience nor the first reported, Mr. Browne thought it only fair to say that the experience of throat specialists of the benefit of removal of adenoids in this class of cases would appear to be more favorable than that of neurological experts who, presumably, did not attach so much importance to their causal influence. The main point of interest, however, is that while large doses of bromide proved inert prior to removal of the adenoids, the drug, albeit in very small doses, appeared to be essential to complete subsidence of the peripheral irritation due to the glandular overgrowth. Dr. Dundas Grant confirmed the experience of his colleague by reference to the many cases he had seen and treated since his appoint-

ment at a special hospital for nervous diseases; and the president, Mr. Mayo Collier, clinched the matter by pointing out to those who doubted the reasonableness of the association that the point of exit of almost all the cerebral nerves was so closely approximate to the site of the adenoids, that it was a subject for surprise that the causal relationship should ever have been in doubt.—*Med. Press and Circular.*

The Effect of Modern Education Upon Children.

The stress of modern education has enormously taxed the brains of children by the multiplicity of studies. Children cannot assimilate the ideas in widely differing departments of knowledge at one and the same time. The effort to do so deranges in many instances the entire nervous system of the child. The so-called nervous child is not only not normal, but may be the victim of the education methods of the present day. The examination system is often a horror to such a child, as the writer knows from his own experience. The studies required of a growing child should never be allowed to disturb the health or interfere with proper rest and exercise. The modern city child seems to be unable to endure the burdens of civilized life as easily as did the children of the past, who were brought up in the country and spent the greater part of the time in the fresh open air. Whether our fathers were more hardy and robust as children than the progeny of the present generation may be an open question, but certainly the conditions of civilized life have so completely changed that at the present day mental and physical education possess equal importance for the growing child. The mind of the child to-day is too often developed at the expense of its vitality and health.—W. M. D'AUBIGNÉ CAHART, M.D., *Dietetic and Hygienic Gazette.*

ACIDS should be mixed with water by pouring the former into the latter. If the water is poured on the acid an explosion of steam may occur.—*Med. Summary.*

COTTON-WOOL, soaked in oil of turpentine and pressed into the bleeding cavity, after tooth extraction, will check the hemorrhage promptly.—*Med. Summary.*

Translations.

**MEDICINE AND MORALS OF ANCIENT
ROME ACCORDING TO THE
LATIN POETS.**

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

I.

Lyric, Elegiac, Epic and Didactic Poets
—Ovid, Horace, Catullus, Tibullus,
Propertius, Virgil, Lucanus and Lu-
cretius.

VIRGIL.

Thus, having viewed Virgil as a most skillful veterinarian, let us now look at him as an anatomist.

In his description of the battles in the *Aeneid* he records the bodily struggles of the various heroes. But there is but little there to interest surgical art. We only learn that the poet knew the regions of the body where it was necessary to strike in order to kill an antagonist. It is thus young Almon receives a mortal wound in the neck and a torrent of blood pours forth; evidently the carotids were severed.

"Haesit enim sub gutture vulnus, et udae
Vocis iter, tenuemque inclusit sanguine
vitam."

Lagus receives an arrow in the back that severs the vertebral column and the spinal marrow. Pallas is struck a blow in the chest by a sword and the wound penetrates his heart and lungs, and turning falls in the same manner under the sword of *Aeneas*. The latter, it is true, is wounded by a dart in the lower portion of the leg.

"No readier way he found
To draw the weapon, than 't enlarge the wound.
Eager of fight, impatient of delay,
He begs and his unwilling friends obey.
Iapis was at hand to prove his art,
Whose blooming youth so fired Apollo's heart,
That, for his love, he proffered to bestow
His tuneful harp and his unerring bow.

"The pious youth, more studious how to save
His aged sire, now sinking to the grave,
Preferred the power of plants, and silent praise
Of healing arts, before Phœbean bays.
Propped on his lance the pensive hero stood

And heard and saw, unmoved, the mourning crowd.

The famed physician tucks his robes around
With ready hands, and hastens to the wound.
With gentle touches he performs his part,
This way and that soliciting the dart," etc.

We see that *Iapis* used forceps or ancient pincers in his efforts at extraction. *Iapis* was the father of *Iasus*. It will be noticed that *Aeneas* stood up during this surgical operation, supporting his weight with his long javelin. We all know the strength of the herbs of *Apollo*—

" Ille retorto
Pœnum in morem senior succintus amictu,
Multæ manu medica Phœbique potentibus herbis
Nequidquam trepidat."

We have mentioned before how the hemorrhage was finally checked, but let us again introduce Dryden's version of the *Aeneid*.

"But now the goddess mother moved with grief
And pierced with pity, hastens for relief.
A branch of healing dittany she brought,
Which in the Cretan fields with care she sought.
Rough is its stem, which wooly leaves surround,
The leaves with flowers, the flowers with
purple crowned.
Well known to wounded goats a sure relief,
To draw the pointed steel and ease the grief.
This Venus brings, in clouds involved, and
brews
The extracted liquor with ambrosian dews
An odorous panacea," etc.

Among the numerous narrations of combats, that usually ended by a mortal blow to vital parts, it is also curious to read the description of the death of that superb virgin, the daughter of the King of the Volsques, who fought so bravely at the head of her squadron of Amazons in the struggle of the Latins commanded by Turnus against the Trojans led by *Aeneas*.

Camilla receives an arrow in the breast and falls fainting; her eyelids droop under the coldness of death and her face loses its naturally brilliant color and grows paler. After saying some words of farewell to her sister Acca, her weak hands drop the chariot reins and her body slips to the earth. We see Virgil does not make the mistake of giving immediate post-mortem rigidity to his slain heroes like some other ancient poets. He always makes mention of the principal signs of death—loss of sensorial faculties, cadaverous face, discoloration of the skin, coldness of the body, etc.

We need not mention the new combat

in which the two armies engaged. *Aeneas*, we all know, struck down Theron, and as he withdrew his bloody sword from the unfortunate's chest he turned and plunged the weapon yet again into Lichas. Now we all remember how Lichas was taken from his mother's bowels by the operating iron—

*"Inde Lichan ferit, exsectum jam matre perempta,
Et tibi, Phœbe, sacrum, casus evadere ferri.
Quod licuit parvo."*

There it is for you, a case of hysterotomy, that few surgeons ever heard of before!

Finally, since we have touched on the subject of accouchements, let us mention the end of the fourth eclogue where he remarks: "Commence then, child, to know thy mother by her smile, thy mother who for ten months suffered so much on thy account.

*"Incipe, parve puer, risu cognoscere matrem,
Matri longa decem tulerunt fastidia menses."*

There's the proof that for a very long period of time three hundred days of gestation was the calculation!

*"Heu jaceat menses paene sepulta novem!
Nec tantum morbus, quantum gravat ira parentis."*

After that it may be permitted us to conclude that if the history of medicine has so few things in epic poems, we still find enough to show that the healing art was not completely overlooked, as Daremberg seems to have thought.

While we cannot gather such an abundant harvest as in the works of Martial, Plautus and Juvenal, we should be content to glean this good sheaf. One of the principle characteristics of Virgil was his ardent love of nature, of the physical and moral world. Let us briefly pursue our subject by a short study of the "Georgics," a study that is rather literary than medical. Let us glance over that pretty description of Springtime.

"It gives to the trees their leaves and to the forest its sap. At Springtime the earth swells, impatient to receive the

¹ It is an error to believe that the ancients always counted ten months of gestation. In an elegy of Gallus, the lover of Lycoris regrets that he has to withdraw and leave her behind a prey to the corruptions of her relatives and afflicted by sickness for nine months.

germs of creation. Then the powerful God of the Air descends in fecund rains upon the bosom of his joyous spouse; and clasping to his large body mother earth, he vivifies the seeds that she receives. The thickets resound with the harmonious carols of the birds, and the flocks and herds rush again to the pleasures of love."

Delille has given us a few pleasing lines on this marriage of the air and earth:

*"Then the earth opened its entrails profound,
And fruits and flowers blossomed on the green
green ground."*

In the Spring a young man's fancies softly turn to thoughts of love," another poet has remarked. For what will youth not dare when devoured by the implacable fires of love?

*"Quid juvenis, magnum qui versat in ossibus
ignem
Durus amor?"*

Virgil has shown us the metamorphosis that adolescence brings to youth:

"New desires produce in a young man audacity and timidity; audacity because he feels himself animated by an unknown vigor; timidity because the nature of the desires he has formed astonishes him.

"Those who know the secrets of nature must be happy," says Virgil.

"Felix qui potuit rerum cognoscere causas."

"It was because I always thought," responded Newton to those who asked him how he had come to formulate the law of universal gravitation. The observers of antiquity were ever good thinkers, so it came to pass that they discovered many truths.

Virgil said of creation: "In the imminence of void were assembled the creative principles of earth, sea, air and water. From these elements came forth all being. The globe, at first under the form of soft clay, rounded itself and became a solid mass; afterwards, little by little, it hardened and forced Thetis to confine herself within bounds. The earth was greatly astonished by the first rays of the sun, on seeing the clouds rise into space only to fall again in rain from the upper ether, then the forests showed their verdured heads and animals wandered over the unknown mountains."

It was thus Virgil sang through the mouth of Silenus, for we all remember, too, how Silenus was surprised by sheep-

herds while sleeping at the bottom of a grotto, his veins swollen by the wine he had taken the night before.

"Inflatum hesterno venas."

Near him was his crown of flowers, fallen from his head during his nap, and his heavy drinking cup that always hung from his belt.

In the group of shepherds and shepherdesses "To you my songs," he said to the first, but to the shepherdesses, "I reserve another recompense."

"Carmina vobis, huic aliud mercedis erit."

What was the recompense? Let the reader divine that for himself. To our mind it was a rose, and when one thinks of the history of the birth of that most beautiful flower, at which Silenus presided—

"When Venus appeared from the crystal waves,
Charming the gods by her beauty and mirth,
At the edge of the land that the ocean laves,
That loveliest flower, the rose, had its birth.

"It took from the lily its snowiest white,
But alas! the god of the ruby red wine
Let fall from his hands his goblet bright
And sprinkled the rose with color divine."

We might quote more from the lines of Parny, for this is not Virgil, and we digress. But the rose, what of the rose? Cherished forever at Cithæron and beloved at Paphos.

[*To be continued.*]

Education up to Date.

We teach the children Danish,
Trigonometry and Spanish;
Fill their heads with old-time notions,
And the secrets of the oceans.
And the cuneiform inscriptions
From the land of the Egyptians;
Learn the date of every battle;
Know the habits of the cattle,
Know the date of every crowning,
Read the poetry of Browning;
Make them show a preference
For each musty branch of science;
Tell the acreage of Sweden,
And the serpent's wiles in Eden;
And the other things we teach 'em
Make a mountain so immense
That we have no moment left
To teach them common sense.

—*London Times.*

REMEMBER that lard given internally is quite an efficient antidote to strychnine, and it can be found in every household.—*Journal of Medicine and Science.*

Book Reviews.

++

A Medico-Legal Manual. By WILLIAM W. KEYSOR, Lecturer on Medical Jurisprudence in the Omaha Medical College, and Judge of the District Court, Omaha, Nebraska. Pages 300. Burkley Printing Company, Omaha, 1901.

This little manual was written by a lawyer who aimed to make it a book for physicians rather than for lawyers. It does not devote pages to the signs of pregnancy or chapters to wounds and poisons; these things are better treated by special works which are found in a physician's library.

This book aims to present the legal side of medical jurisprudence, and to familiarize the doctor with those legal terms and principles which he ought to know and comprehend in order to acquit himself creditably as an expert witness.

It is written in such a style as to be entertaining, and, being a small work, a physician can read it through in a short time with a good deal of profit and pleasure.

J. A. J.

Practical Obstetrics. By GRANDIN and JARMIN.

It is a distinct relief to read a work on obstetrics which leaves out the history, theory and unessential points of anatomy. When busy physicians consult a text-book for some special point they do not want to wade through a lot of history or theory to find it. That, as its preface announces, is the purpose for which this book is written. As you read you will find little chance to skip any of the chapters, as plain facts are dealt with, and so placed before you that it forms interesting reading. The authors give you their own views as to the best mode of treatment, and that, after all, constitutes the essential element of a good text-book. Some of the illustrations seem rather superfluous. We fail to see the utility of representing a man wiping out a baby's eye or mopping of the vestibule before introducing a catheter. On the other hand, there are a number of new illustrations, which add greatly to the value of the work, particularly those dealing with resuscitation of the child and the application of forceps. The different subjects in a chapter might be made more marked by placing their

headings in large black type, so that they could be readily found, but that may be more the fault of the printer than of the authors.

M. A. T.

Practice of Medicine. TYSON.

This work is now placed before the profession as a thoroughly revised text-book on the practice of medicine, and the publishers claim that they have given us a fine edition, with good printing and many admirable charts, to all of which we heartily agree. We note with much pleasure good chapters on blood and on diagnostic technique of examination of stomach-contents. This work is a splendid *résumé* of the practice of medicine, and is especially good as a text-book for students and busy practitioners. Diseases are considered in well chosen language, not long drawn out, but short and to the point, and important diagnostic symptoms are printed in italics. The treatment is considered in a very concise and thoroughly up-to-date manner, and throughout the whole work one is constantly impressed that the author is a practitioner of wide experience and sound judgment.

M. A. T.

Uterine Tumors: Their Pathology and Treatment. By W. ROGER WILLIAMS.

It is with pleasure that we review this work on uterine tumors, for it is a very complete *résumé* of the whole subject, beginning with the development and life history of the uterus. Then follow chapters on the anatomy, histology of uterus, pathogenesis and morphology of myoma, clinical features and treatment. The work ends with a thorough treatise on uterine cancer. The illustrations can be greatly improved, as on the whole they are very poor. It is a particularly good reference work, and should be in the library of all surgeons, but it is not a book for students. The first four chapters are somewhat heavy, but those which follow are very interesting. The author has succeeded in dealing largely with his own and not the views of others, and such a standard work is bound to meet the approval which it deserves.

M. A. T.

IN every case of gonorrhea warn your patient of the danger of conveying the disease to the eyes by the fingers, and of the fearful results of gonorrhreal ophthalmia.—*Med. Summary.*

MELLIN'S FOOD for the *Home Modification* of FRESH COW'S MILK

The use of a natural cereal extractive containing saccharine and gummy matters and soluble albuminoids as well, such as our great and inspired teacher Liebig himself advocated, is in accordance with the developments of science since his time. Mellin's is a genuine Liebig's Food

PROFESSOR LEEDS

Simple dilution of cow's milk with water is without avail in obviating the tendency of the milk to form tough and more or less indigestible curds.

PROFESSOR CHITTENDEN

MELLIN'S FOOD COMPANY, BOSTON, MASS.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

MARCH 23, 1901.

WHOLE VOLUME LXXXV.

INTESTINAL VEGETATIONS.*

BY I. F. TUNISON, M.D.,
CINCINNATI.

As the name implies, these are vegetations in the small or large intestines, or both, caused by deficient digestion, allowing a suitable temperature and moisture to exist favorable to the development of certain vegetations supposed to develop from fruit, such as bananas, oranges, etc. These vegetations are about one inch long, one-fourth of an inch wide in the middle, tapering to a point, and are about one-eighth of an inch thick; are a brownish-white color, with a vein running from end to end, with numerous branches running from their centre vein to the sides, and the ends have a continuation of these veins, much the same as veins on a leaf of a tree ending at a stem or root.

SYMPTOMS.

Loss of weight, emaciation, at times irregular fullness of abdomen, appetite variable, spells of severe intestinal colic, bowels constipated, and the passing with the stools at irregular intervals these vegetations, some of them being perfect in outline, while most pass partially digested and broken, causing difficulty in procuring perfect specimens. At times none whatever pass with the stools, other times very few, and then again thousands of them.

The only case I have been privileged to treat was Edward B., of Clifton, this city, aged sixteen months. The mother noticed some strange-looking objects in the stool, and the child's father brought some of the most perfect of them to my office, asking me what they were. I had to confess I did not know, and assured him it was something very extraordinary, but I would use every effort to find out. After diligent research, and consulting with some very eminent authorities, we pronounced

them liver flukes or *distoma hepaticum*, a worm sometimes found in the liver and gall-bladders of man, but more commonly in those of sheep and goats. It is an oval, flat worm, nearly an inch in length and about one-half inch broad, and from the gall-bladder it occasionally passes into the intestinal canal.

Knowing this to be an almost unheard of disease in this part of the world, and no treatment offered, I sent letters to United States Consuls at Cape Town, Africa, and Cairo, Egypt, telling of the case and asking if they were common in those countries, and if they knew or could find out any treatment. But they knew nothing about the disease, as it was not common there—in fact, never known to have been there.

I prescribed calomel and santonin, which caused them to pass away in large numbers, but after several weeks' trial and no cure I consulted with some very prominent physicians. One pronounced it a case of bezoar or bezoard, a calculous concretion sometimes found in the stomach, intestines and bladder of animals, such as the ox, horse and deer. Some of the supposed flukes were sent to the Department of Agriculture, Washington, D. C., to be classified, and were pronounced to be a vegetation. I next had them examined by a bacteriologist of this city, and he pronounced them a vegetation.

Thinking that the vegetations might be some undigested parts of fruit or vegetable, I ordered that no fruit of any kind, and no vegetables, unless thoroughly cooked, be given the patient, and I have good reason to believe that my orders were strictly obeyed. The parents, who are above the average in intelligence, say

* Read before the Academy of Medicine of Cincinnati, January 28, 1901.

they allowed no fruit brought to the home, and the patient, after abstaining from fruit for four months, still continued to pass the vegetations.

The diagnosis thus assured, the next question was the treatment. A surgical operation was urged as the only cure. This I objected to, as the calomel and santonin seemed to prevent vegetation from progressing beyond a certain amount, and obstruction could thus likely be obviated until some cure could be found. Thymol was suggested in three-grain doses, and as I had no experience in prescribing thymol for children, the father and I each took a dose of thymol to experience any sensation caused by the drug. We both experienced a nervous chill and collapse spell, with exhaustion that we shall not soon forget, and a like dose would likely have proved fatal to the child.

I reasoned that as the vegetation developed because of deficient digestion, if we could increase the child's digestive ability we might overcome the difficulty. I prescribed essence of pepsin and essence of pancreas in frequent doses, which soon made a complete and permanent cure.

[*For discussion see p. 257.*]



The Antagonism of Pulmonary Tuberculosis and Cardiac Disease.

The alleged immunity of the subjects of heart disease from pulmonary tuberculosis is a point to which attention was called long since, though no plausible explanation has ever been forthcoming of its existence. Going a step further, cases have been recorded in which the presence of extensive phthisical lesions in the subjects of cardiac disease was unassociated with the usual fever and constitutional depreciation. On the whole it cannot be said that clinical experience tends to confirm the exemption claimed for cardiac patients; for a very notable proportion of sufferers from phthisis exhibit more or less pronounced cardiac lesions. It may be that if more closely scrutinized the immunity only bears on certain forms of cardiac mischief, but if so these remain to be defined.—*Med. Press and Circular.*

LINEN is entirely unsuited for the proper application of ointments to the skin, and still it is popularly thought essential.—*Med. Summary.*

OCCUPATIONS WHICH PRODUCE RECTAL DISEASES.

BY GEO. J. MONROE, M.D.,
LOUISVILLE, KY.

A treatise upon rectal diseases would be incomplete were we not to place special stress upon certain occupations which are apt to produce diseases of the rectum and anus. My attention has been directed to the various occupations of life and their tendency to affect the rectum for a number of years past. I have come to the following conclusions, which I believe to be well founded and proven.

I find that clerks in stores are frequent sufferers from hemorrhoids. This is so in both sexes, but it is more frequent with females than males. The reason I give for the disproportion is that the female clerks are more irregular in visiting the water-closet than the male. Male clerks will respond to the calls of nature as a rule more generally than the females. Female clerks will put off going to the water-closet all day, and at night the desire to defecate has passed away. They will do this both in regard to emptying the rectum and bladder. I believe that a bladder full of urine for any great length of time pressing upon the circulation of the rectum will of itself produce hemorrhoids. Then when we have the rectum also full of hard feces it would be the exception and not the rule if congestion of the hemorrhoidal vessels did not take place, and hence hemorrhoids result.

Merchants who have the welfare of their clerks at heart ought to establish a rule that both male and female clerks should go to the water-closet, either to void urine or defecate, when necessary. This rule should be absolute. It would inure to the profit of the merchant, as the clerk would be in much better plight and humor to wait upon a customer. No one can be in good humor who wants to urinate or defecate and cannot obtain the opportunity to do so. This rule ought to apply to factories, offices and all places where clerks are employed.

I am satisfied that the employer would find it to his material advantage to have decent and clean water-closets for his employés. It is a shame to decent people, as well as being unhealthy and degrading, to see some of the water-closets that business men have for their employés. The

proprietor himself usually has a separate closet, which is kept clean and neat, but the closets for his help are too nasty, filthy and dirty for Christian people to enter. No wonder that a modest woman will defer visiting these places!

I have treated a great many railroad men, especially engineers. I have tried to arrive at some cause for this, hence have investigated railroading. I have decided that the occupation is to blame for this. Not only engineers, but brakemen, firemen and conductors suffer frequently with hemorrhoids. In fact, it is the rule that railroad men all have hemorrhoids to a certain extent, provided they have railroaded for any length of time. I think if all railroad men who have been constantly engaged for five years in this occupation were examined we would find they had piles more or less. Now how can we account for this condition? First, I will place the motion, the constant and irregular jarring of the engine and cars as the most important cause. I believe this causes a congestion of the hemorrhoidal veins; in fact, I think it produces a congested condition of all the veins of the lower part of the body. If we take a long ride upon the cars our shoes begin to feel tight upon our feet, our feet swell. If this condition occurs from only being upon the cars for a few hours, what must we expect from those living upon the cars, or at any rate in those who spend the major part of their lives upon the cars?

Railroad men are mostly always constipated, and this, in connection with the congestion resulting from the jarring motion, is bound to produce rectal diseases.

The erect or semi-erect position that nearly all railroaders have to occupy is another cause, in my mind, of rectal diseases in their case. (I might here say that this would apply to clerks in stores.) Gravity explains this; and the rectal veins being without valves, there is a stasis of blood in them, and this, prolonged for any great length of time, results in enlargement and hemorrhoids.

Animals, as a rule, never suffer with hemorrhoids of the rectum. But when we come to the human, who stands erect so much, it unquestionably is one reason, and a prominent reason, why they suffer so frequently with this disease. We observe this varicose condition in other

veins besides those of the rectum in those who are upon their feet very much.

Railroad men of necessity are very irregular in living. We find this to be the case in nearly all respects. This is so, doubtless, much more than is required.

Railroaders are very careless, it appears to me, about themselves. Their occupation, to a great extent, I imagine, is to blame for this. They cannot obtain regular hours for rest, regular hours for sleep, regular hours for meals, nor can they have regular hours for answering nature's calls. Freight trains seldom ever run on time, and often men are called out immediately after reaching home on account of a wreck, or some employé may be sick and the train must go out. Some neither have regular day nor night runs, but may be employed for thirty, forty or even fifty hours at a stretch. Even those who have regular runs have no time to take proper rest; they pile into bed at once when they get home in order to obtain a little sleep before starting again. All this is in disobeiyment of nature's laws and demands, and the consequence is an interference with the circulation of the blood, the proper rest and nourishment of the brain and nervous system, which leads to indigestion and constipation, and constipation is a John the Baptist, a forerunner of hemorrhoids and other rectal diseases. No one can do well and be healthy and lose much sleep.

Railroaders cannot eat regularly. We know that food ought to be taken into the stomach at regular intervals in order to preserve good health. We also know that there should be no hurry in eating. Food ought to be well masticated, for that in reality, is part of digestion. Railroad men cannot do this. A train never stops more than ten or fifteen minutes for a meal, and they generally have something else to do during this short time besides eating. They therefore have to shove food into their mouths and gulp it down with hardly any chewing whatever. A meal never should be eaten in less than one-half hour. Railroad meals, as a rule, are not well prepared. They have to be cooked in a hurry, and sometimes hardly cooked at all. After filling the stomach with this undigestible mass they have to jump up and hurry to their train to undergo a regular churning of the con-

tents of the stomach by the jarring and shaking of the train. The stomach tires of the effort to digest, and it is forced into the smaller intestines to irritate and annoy them. Finally it reaches the colon only partially digested. After a time it gets down into the rectum and is expelled to feed the birds, for it has not fed the human. Before very long the rectum tires of expelling this lump of indigested matter; the moisture is absorbed, and we have a hard, dry fecal mass pressing upon the valveless hemorrhoidal veins, and soon they enlarge and we have hemorrhoids; or the pressure may produce ulceration, fissure or fistula of the rectum and anus.

Railroad men, especially the engineer and fireman, have no conveniences furnished for them to defecate. It is a good deal like wrestling, catch how and when they can. They have to wait until the train reaches a station, and trains are not always at stations when the desire is present. They necessarily have to defer the matter until a favorable season. At this favorable season very often the desire has ceased, and they will put it off until the next day, and the next, and it is not long before they find themselves profoundly constipated. And, of course, this constipation is going to lead to something bad. About the first thing they notice is hemorrhoids. Sometimes the feces become so hard that the effort made in their expulsion tears the mucous membrane of the ano-rectum and an irritable ulcer results. The pressure may produce an abscess, and this will result in a fistula.

Commercial travelers are frequently—yes, I may say often—sufferers from rectal diseases. One time and another I have treated a great number belonging to this branch of business. The same conditions to a great extent prevail with them that prevail with the railroad man. There is the same jarring and motion of the cars to contend with, the same irregularity in sleeping and eating. They have access to the water-closet on the cars which the engineers and firemen do not have. But I would say just here that water-closets upon the cars are the most uninviting places almost in the world to attend to the calls of nature in. I think this is one great reason why the majority who travel in that way are constipated. I know in my own case I have deferred defecation on account of the trouble it is to do so on cars.

Another reason which causes stomach trouble and constipation with commercial travelers is their almost universal habit of whisky drinking. If they call upon a merchant to sell a bill of goods, the first thing is to go and take a drink. After the bill of goods is sold they go and take another drink with the merchant. If half a dozen bills of goods are sold in a day twelve drinks are taken, and so on, according to the number of bills sold.

I once treated a salesman who was upon the road who told me while out that he never went to bed sober. Of course, this condition induces not only rectal diseases, but many others. Many commercial travelers die of kidney disease, which I think is brought about by excessive drinking.

A NEW REMEDY FOR HEMORRHOIDS.

BY E. V. HALL, M.D.,
CONVOY, O.

I was led to use *echinacea angustifolia* in the treatment of hemorrhoids after having personally experienced its cooling effect on a suppurating wound of my finger, caused by the bite of a horse. My first case was that of a lady, a school teacher, for whom a prominent surgeon had recommended an operation as holding out the only prospect of cure. Medicinal treatment gave no more than temporary relief. I prescribed a mixture containing equal parts of the fluid extracts of *hamamelis virginiana* and *echinacea angustifolia* (Parke, Davis & Co.), directing that two fluid drachms be injected into the rectum after each operation of the bowels. This treatment was continued until six fluid drachms of the mixture had been used, the result being that the patient experienced prompt relief from pain, the hemorrhoids ceased to trouble her, and at the present time she says she is entirely well.

Since then I have had equally satisfactory results in the treatment of six other cases. As some of my patients complained that the medicine was too strong, I modified my formula to read:

R. Ext. <i>echinaceae</i> <i>august.</i> fl., .	3ij
Ext. <i>hamamelidis</i> <i>virg.</i> fl., .	3ij
Aqua destillatae,	3j
M. Sig. Inject two fluid drachms after each stool.	

A slight burning sensation is experienced after the use of this mixture, but it

soon passes away and the peculiar cooling effect of the echinacea is felt by the patient. Although I feel that my experience in the local use of this drug in hemorrhoids has been limited, it has been entirely satisfactory thus far, and I shall continue to use it, hoping to be able to make a more valuable report in the future.

Hysterical Fever.

Such cases have been from time to time recorded as curiosities, but they have not been frequent enough to lose the interest attaching to their rarity, to say nothing of a certain amount of mystery surrounding a state of pyrexia without obvious cause. Such a case has been recently reported by Drs. Wormser and Binz in the *Munch. Med. Wochensch.*, 40, 1900. As might be expected when the German scientists take up a case, the opportunity is taken to arrange around it all that is known in literature as to diagnosis, prognosis, and treatment. As regards diagnosis, all authors, we are told, agreed that the conditions only arise in really hysterical people, and that the diagnosis may thus be arrived at *per exclusionem*. When no possible cause can be discovered, and when the later history of the case shows no glimmer of light on the mysterious febrile condition, and when it is associated with distinct manifestations of hysteria, one is obliged then to accept it as a case of hysterical fever. As regards prognosis, this is absolutely favorable, and it may be taken as a proof of the existence of a purely nervous fever, when a temperature of 45° C. (113 F.) is recovered from, without leaving the least trace of its existence behind, as, if dependent on some toxemia, it would inevitably prove fatal. The case described was one of this kind, the temperature reaching the unusual height stated, but the patient still making a complete recovery. As regards treatment, they say that treatment of the fever itself is unnecessary, the hysteria alone, which is at the bottom of the manifestation, calling for interference.—*Berlin Cor. Med. Press and Circular.*

THE Mary Thompson Hospital, the Presbyterian Hospital, and St. Luke's Hospital, of Chicago, have been paid by the executors of the will of the late George M. Pullman \$10,000 each.—*Med. Age.*

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of January 28, 1901.

THE PRESIDENT, C. L. BONIFIELD, M.D., IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

Some Remarks on Intestinal Vegetations.

DR. W. E. SHAW: Dr. Tunison read a paper at the meeting of the Academy, January 28, 1901, regarding some strange bodies passed from the intestines of a child, which bodies he was pleased to call intestinal vegetations. The doctor's theory, to which he had been helped by a number of eminent medical gentlemen, was, as I understood it, that owing to an enfeebled digestion the dead vegetable cells took on vital action, and these bodies were grown and matured in the intestinal canal.

This statement was most astonishing to me, for I had a positive conviction that it was impossible for vegetable bodies of any complexity of organization to grow in the intestinal canal, even from the living germinal matter of seeds, and doubly impossible from the more lowly organized fibre or pulp of fruits or vegetables.

The simple germination of seeds in the intestinal canal is, of course, within the bounds of possibility; and it will be taken for granted that I am somewhat conversant with quite a number of animal parasites that may inhabit and develop in the intestines. This claim of the doctor's opened up a question in my mind that I thought was settled for all time, and I asked myself, "Where am I at?"

The doctor had not read very far before the atmosphere began to clear, and in a moment I was pretty sure that the doctor was groping in a very thick darkness, such as had once enveloped me while investigating two similar cases. The first case came under my observation in December, 1893, the second in April, 1896.

The few remarks I made in the discussion of the paper were made before I had an opportunity of examining the specimens, but having looked into the subject a little further since the last meeting I can

now speak authoritatively, and can assure you that the specimens were small pieces of *banana* which had passed through the alimentary canal without being digested.

As the doctor told us in his paper that one of the most prominent consulting physicians in this city had advised an operation for the relief of the little patient, probably this subject is of sufficient interest and importance for me to write down my experience on the subject, that we humble practicing physicians may be a little better able to do our duties in consultations.

In December, 1893, some small dark stringy objects, about as large as a pin-worm, were brought to me for examination. They were passed by a child one year old; he had been passing them occasionally for seven months. The child was not rugged and had a feeble digestion. The mother said she could generally anticipate the appearance of the little strings in the stools by the child's restlessness and colicky symptoms for several hours or a day before they were passed. These little strings were always so similar in formation that they were easily identified under the microscope as being from the same original source.

I found that I had preserved two slides, one when I first saw the child and one a year later, December 16, 1894. The main characteristics were always identical. These little strings resolved themselves under the microscope into two or three rows of dark-brown ovoid cells, between which ran a typical spiral vegetable tube.

I was as badly puzzled over this case as was Dr. Tunison over his, and I sought the help of quite a number of microscopists, among whom I recall Drs. Kebler, Hoeltge, Bettmann, Welch, of John Hopkins, the biologist of Ohio State University, but the only help I obtained was what I already knew, that they were vegetable fibres. Very little treatment was ever given the child, as he suffered only occasionally from the colicky pains. As he grew older he became stronger, and after he was two years old I never heard of his trouble again.

Dr. Senior, of Bellevue, Ky., is a relative of the little patient, and did considerable searching, but I think never came to any satisfactory conclusion in regard to the matter.

I had almost forgotten the former case

when in April, 1896, I was called to see Pauline K., aged seventeen years. She had great pain in the right side of the abdomen, and especially over the McBurney area, with dullness over ascending colon. After much difficulty I succeeded in emptying her bowels, when she passed at least a quart of those curious bodies, similar to those shown by Dr. Tunison. After her bowels were thoroughly cleared out she made a rapid recovery. She was a regular banana fiend, often eating a dozen in the course of the day.

The curious thing about these bodies to me was that the dark veins, which the doctor described in his paper, were identically the same as my baby patient had passed three years before, whose parents had assured me that he had passed these fibres several months before he had taken a particle of vegetable food.

When after a very careless and superficial examination of the fresh banana for the fibres without finding them, and having credulously accepted the story of the very intelligent father in regard to the baby's having never eaten any banana, I, with the facts right under my nose, was as much at sea as ever, never taking into consideration that the baby had an older brother who was fond of bananas and fond of the baby.

The reason these fibres are so difficult to see in the fresh fruit is because of their almost perfect transparency; the diaphragm of the microscope must be shut down so as to exclude most of the light, when they are beautifully apparent.

While I was puzzling over these bodies passed by the young woman, my two young friends, Drs. George Kress and Allen Bramkamp, were senior students at the Cincinnati University. I gave them some of the specimens; they showed them to Professor Edwards, who said that they were vegetable cells, and they might find them in the banana. Their first efforts were unsuccessful, for the same reason that I failed, but they afterwards positively identified them. So I would have the Academy recognize that we are under obligation to Professor Edwards and Drs. Kress and Bramkamp for the information I am able to give you on this subject.

I have arranged on one slide a fibre from Dr. Tunison's specimen, a fibre from a specimen passed by my case, Pauline K., and a fibre from a fresh banana. The

fibres that have been through the alimentary canal are colored quite brown, and also considerably shrunken by the alcohol, Dr. Tunison's being somewhat more shrunken than mine because his alcohol was more concentrated than mine. Any one can see that these fibres are identical in origin. By using a higher power the characteristic vegetable spiral can be much more beautifully brought out.

Report of a Case of Congenital Abnormality of the Small Intestine.

DR. J. C. OLIVER: Infant G. was born on Friday evening at 9:30 o'clock. The labor was conducted by an intelligent mid-wife. Soon after birth the child was given a dose of castor oil. The oil was vomited and no movement of the bowels occurred. The following morning a second dose of castor oil was given; this was also promptly vomited. An enema was then given and a plug of black, hard material, one end of which was coated with mucus, was passed per anum.

As the baby's bowels had not moved by Sunday morning Dr. B. P. Goode was called to see it. He obtained the history given above. Dr. Goode introduced his little finger to its full length into the bowel without encountering any resistance.

I saw the case with Dr. Goode on Sunday afternoon. The child had vomited several times. The abdomen was somewhat distended, but not markedly so. It had refused to nurse since Saturday. We questioned the nurse very carefully, and she very positively affirmed that the child had passed gas from the bowels. All efforts to shake this statement proved futile, so the child was given some senna and rhubarb.

The history given Monday morning was that the child had vomited each dose of the cathartic, and that the vomited matter had now assumed a feculent character.

A catheter had, on Sunday afternoon, been introduced nine inches into the bowel. Being convinced that an obstruction was present, and that it was not accessible through the rectum, the patient was sent to the private ward of the Cincinnati Hospital, where the abdomen was opened under chloroform anesthesia. When the intestines were drawn out of the cavity we came upon a dilated portion of the small intestine, which ended in a blind pouch; beyond this was a layer of tissue

resembling the mesentery, but possessing no blood-vessels, and about one and a half inches beyond the termination of the bowel described above was the beginning of another portion of the bowel; this began as a blind pouch, and had no communication with the bowel above. As the intestine was too small to accommodate the smallest Murphy button, an end-to-end anastomosis by suture was made. The child died in about five hours.

Examination of the abdominal contents after death showed that the defect was in the lower part of the ileum, about two inches above its junction with the head of the colon. The entire small intestine above the defect was dilated, while that below and all of the large intestine were collapsed and empty. The specimen also showed that in spite of the fact that death occurred within five hours after the operation, Nature had gone forward with the work of cementing the two ends together. A trial with water showed that the line of union was firm and did not leak. The rest of the intestinal canal was normal.

Exhibition of Specimens.

DR. RUFUS B. HALL: I have a few specimens to-night, some of which are of unusual interest.

1. Ovarian Cyst, Acute Twisted Pedicle; Peritonitis; Operation and Recovery.—The first specimen presented is a multilocular ovarian cyst which held about a gallon of fluid at the time of the operation. The patient, Mrs. B., aged forty, widow for two years, mother of one child about ten years of age, was referred to me by Dr. Lash, of Chillicothe. She has never had any serious illness previous to the present time. She is a nervous little woman, educated and refined, and with high ambitions. On June 18, 1900, she first consulted me. For six or eight weeks she had suffered from indigestion and slight abdominal distension, which was supposed to be due to accumulation of gas in the intestines until the morning of the day she consulted me, when the tumor was discovered by her physician. She decided at once to accept an operation, but asked for eight or ten days' delay that she might make preparations for it. Her heart and lungs were perfectly normal; pulse and temperature likewise. On June 27 she was on her feet a great deal. She walked more than she was accustomed to, and was

very tired when she entered my private hospital in the evening of that day. She complained of pain in the lower abdomen, and thought it was due to the unusual amount of exercise. Her pulse at 6 P.M. was 78 and temperature normal. June 30, at 9 A.M., was the time fixed for the operation. She was given a laxative in the evening. The following morning, June 28, at 7 A.M., she complained of pain in the abdomen; said it was worse than the night before. Her pulse was 90 and temperature normal. The patient thought the pain was due to too much exercise the day before. She was kept in bed, given the regulation diet, and in the evening her pulse was 99 and temperature 99.5°. The whole abdomen was markedly tender to the touch. I looked her over carefully and thought that the pain was due to the unusual exercise plus the mental anguish in anticipation of the operation, as she was an exceedingly nervous woman and was very fearful as to the final result of the operation. At 9:30 P.M. she was given three grains of calomel, which was to be followed at six the next morning by a seidlitz powder, and this to be repeated in one hour. At 7 A.M. June 29 her pulse was 104 and temperature 99.5°. The patient complained bitterly of the pain in her abdomen; said that she would never take any more calomel if it caused that much pain, and that she had had the worst night she ever experienced in her life. I tried to quiet her by telling her that as soon as the calomel acted she would be relieved, which I believed to be true, not having recognized as yet the cause of her pain. The bowels moved freely four or five times in the forenoon of June 29. At 7 P.M. of that day the pulse was 110 and temperature 100.5°. The whole abdomen was perceptibly larger than in the morning, notwithstanding the free purgation and the liquid diet that she had received through the day in preparation for the operation the following morning. She was given ten grains of trional at nine o'clock, with orders to the night nurse to repeat it in an hour if she was not asleep. The second powder was given. The patient was quiet most of the night, but said that she had absolutely no sleep, and that the pain in the after part of the night was very much worse. She was suffering so much at six o'clock in the morning that the nurse asked me to see her. Her pulse

at that time was 130 per minute and her temperature 100.8°. The abdomen was greatly distended with gas, and the patient had the appearance of a very sick woman. She was compelled to lie on her back with the limbs flexed, and complained constantly of the pain in her abdomen. There could be no question now in my mind but that there was something radically wrong with the tumor itself, which was causing the pain, the rapidity of the pulse and the gradual rise in the temperature. Taking the history of the case, the fact that she had been perfectly well up to the time she entered the hospital, except that she felt the first pain in the abdomen two or three hours preceding the time she entered, and that the tumor was movable, the most reasonable and rational conclusion was twisted pedicle of the tumor, with obstruction to the circulation. This would account for all of her symptoms perfectly. On the other hand, if we reasoned that the tumor was leaking, the symptoms would not tally with those given.

She said she was too ill to go into the operation, and asked me to defer it until she was over this attack. I advised immediate operation. I explained to her the necessity for it; that that alone gave her the best chance for recovery, and possibly the only chance, and that we would proceed with it as quickly as we could get our anesthetizer, Dr. Colter. He responded and the operation was commenced at 8:30 on June 30, a half hour sooner than was anticipated. When the abdomen was opened we came upon the cyst wall, which was perfectly black. It was tapped and more than a gallon of blood-stained fluid removed. A large portion, much larger than a cocoanut, remained solid, as you see from the specimen. The tumor has been in formaldehyde solution since the operation, yet you see it is almost black. The pedicle was very long and narrow, and was twisted three times upon itself, cutting off entirely the venous circulation, but not the arterial. The blood was driven into the tumor until the veins inside the tumor had burst and she was bleeding into her tumor, not rapidly, but fast enough to account for the rapidity of the pulse. There was about three pints of blood-stained ascitic fluid in the peritoneal cavity. There was general peritonitis. Every portion of the peritoneum, both

parietal and intestinal, would bleed upon the slightest touch. The operation was an exceedingly easy one. The pedicle was tied and the peritoneal cavity thoroughly washed out with normal salt solution. A glass drainage-tube was placed, the wound closed and the patient put to bed in less than twenty minutes. The drainage-tube was required for thirty-six hours. The patient vomited before she was conscious after her operation. She vomited at frequent intervals every ten, fifteen or twenty minutes for the first thirty hours after her operation, and it looked very much like she was going to die. At the end of thirty hours peristalsis was established in the intestinal tract, gas was expelled and the vomiting ceased. At the end of fifty hours convalescence was established, and from that on she had an easy and smooth recovery, and went home in four weeks.

This case is an exceedingly interesting one, as illustrating the dangers of a twisted pedicle in an ovarian cyst. I have been convinced in dealing with cases previous to this time that when the symptoms are far enough advanced to be recognized as due to a twisted pedicle grave mischief has already taken place in the tumor and in the patient's abdomen, and there should not be an hour's delay after a diagnosis of twisted pedicle is made or suspected. If we only suspect it and operate at once we have done the patient no harm, but if that condition exists we have done her great good. I will confess that I never suspected a twisted pedicle in this patient until six o'clock in the morning of the day of the operation. Judging from her pulse and temperature, and her general condition, all her symptoms could be accounted for by the physic given in preparation for the operation, plus the mental anxiety that the patient as an intelligent woman must certainly undergo under the circumstances. But when we were confronted on the morning of the 30th with her condition—a pulse of 130, an enormously distended abdomen, and the picture of death upon her face—there could be no doubt that there was something radically wrong in the abdomen, and the rational thing to do was to proceed with the operation at once.

2. Multinodular Fibroid Tumor of the Uterus, with Marked and Persistent Pressure Symptoms.—The second specimen is a fibroid tumor of the uterus re-

moved from a married woman, Mrs. C., aged forty, a resident of this city, mother of one child fifteen years of age. She was admitted to the Presbyterian Hospital October 15, the operation of hysterectomy made October 20, and this tumor removed. It is, as you see, just large enough to fill the pelvic cavity full.

She had been conscious of the presence of a tumor for six years, but only recently, for five or six months previous to the operation, had it annoyed her more than from great loss of blood during her menstrual period. This she was willing to tolerate rather than be subjected to an operation. But within the past five or six months there has been added to her suffering extreme pain whenever she was on her feet, with great bladder and rectal tenesmus. When she applied to me for relief I found the tumor fixed in her pelvis, and it could not be pushed up. The tumor was large enough to block the true pelvis. It had become adherent from local inflammation, and she was suffering from pressure. For the past five weeks she was unable to have a movement of the bowels, on account of the pressure of the tumor, until after she had taken salts and the contents were liquefied. I advised an operation for relief, and it was readily accepted, as stated. She made a nice convalescence and left the hospital in four weeks.

This case illustrates one of the many complications which may befall a woman who is the subject of a fibroid tumor.

3. Intraligamentous Ovarian Cyst, the Specimen Including the Large Tumor, the Uterus, and a Small Ovarian Cyst in the Opposite Ovary.—The third specimen is one of unusual interest. It is an intraligamentous or sessile ovarian cyst of the multilocular variety springing from the left side. The tumor held about a gallon and a half of fluid. There was a cyst of the opposite ovary, the size of an egg, necessitating sacrificing this ovary. The specimen consists of the right ovary, the uterus amputated at the inner neck, and the large ovarian cyst. The patient, Mrs. L., aged twenty-six, of Portsmouth, O., was referred by Dr. Sellards. The operation was made at my private hospital November 30, 1900. Present and assisting were Dr. Jos. A. Hall and Dr. L. S. Colter. The operation was made in the manner suggested by the writer in 1897 for the bloodless removal of intra-

ligamentous ovarian cyst. After opening the abdomen and exposing the cyst it was tapped and emptied, when, in this instance, the true condition of the broad ligament cyst was first recognized. The right ovary was inspected and found to contain a cyst. The ovarian artery on the tumor side was ligated at the pelvic brim and divided between ligatures. The ovarian artery on the opposite side was treated likewise and the broad ligament divided. The peritoneum was divided across the uterus above the top of the bladder and the bladder pushed down. The uterine artery was secured on the right side by ligature and divided between that and a forcep, securing that vessel on the tumor side. The cervix was cut across and the left uterine artery ligated. The peritoneum was divided across the tumor in front and back and the tumor enucleated from the pelvic floor without the least difficulty and without the loss of a drachm of blood. The wound was closed in the usual manner. The patient made an uninterrupted recovery and left the hospital in four weeks.

These cases of broad ligament cysts are always of interest, and the new technique of the bloodless operation for this condition has greatly reduced the mortality over the old method of enucleation without ligating the vessels supplying the tumor.

4. *Ovarian Cyst, Twisted Pedicle for Seven Weeks; Tumor Receiving the Entire Blood Supply from Recent Adhesions.*—The fourth specimen is an ovarian cyst which held about a gallon of fluid. It was universally adherent. There was a twisted pedicle which, judging from her clinical history, had existed for seven weeks. The adhesions must have been formed since that accident.

The patient, Mrs. C., aged sixty-seven, mother of ten children, resident of Lookout, Ind., was a patient of Dr. Ratcliff, of Morris, Ind. Seven weeks before she entered the hospital she was taken suddenly ill with a pain in her abdomen. She had been conscious of the presence of a tumor for several months, but as it had not caused any inconvenience except from the increasing size of the abdomen she had not consulted a physician about it. But when she was taken ill, Dr. Ratcliff, her family physician, called consultation, and it was decided that she had some inflam-

matory mischief in her abdomen due to the tumor, and the following day they decided to tap the tumor with the hope of relieving her. They withdrew a gallon and a half of blood-stained fluid and relieved the urgent symptoms somewhat, but she was never able to leave her bed after the tapping. They brought her to the hospital on a cot. At that time she weighed about eighty-five to ninety pounds. She had a bed sore the size of a dollar over the sacrum. Her pulse was feeble, ranging from 115 to 120 per minute. Her temperature was 103° when she entered the hospital. She was unable to take nourishment except in liquid form, and that only in a small quantity at a time. I advised an operation as soon as she could be prepared for it, which was on the third day after her admission to the hospital.

The cyst wall, in place of being pearly white when it was removed, as they usually are, was a muddy-brown color. The contents were coffee-colored. Every part of the tumor was adherent. Where it came in contact with the abdominal wall it was adherent to it, and to the pelvic floor likewise. Above it was adherent to the intestine and omentum. The blood supply came entirely from the adhesions, principally from the omentum and mesentery. If we had cut across the neck of the tumor where it was twisted there would have been no occasion for a ligature to control the bleeding, but that would necessitate leaving a necrosed portion on the stump. As this would not be desirable we placed a ligature below the necrosed portion and cut off all the necrotic tissue. The patient had a slow, tedious convalescence, but she improved every day from the day of the operation, and went home six weeks after her operation thoroughly convalescent. She has since entirely recovered.

5. *Fibroid Tumor of the Uterus with a Large Suppurating Ovary, with Suppurating Tube on the Opposite Side; Total Extirpation and Vaginal Drainage.*—Mrs. O., aged forty-four, of Manchester, O., mother of two children, the last eleven years of age, patient of Dr. N. B. Van Winkle, was admitted to my private hospital on January 3 and operated on the 8th, 1901. She had been conscious of some pelvic disease for ten years. She suffered from profuse menstruation for the past four or five years. Several times a year it amounted to a hemorrhage. In

April last she was suddenly seized with pain in her abdomen, and was confined to her bed for four or five weeks with a severe attack of peritonitis. The tumor has nearly doubled in size since that time, and she has had an irregular fever, with sweats, diarrhea, loss of appetite, and marked emaciation until the present time. In other words, she has suffered from sepsis since about the last of April or the first of May. Once every three or four weeks she would be worse for a few days, and the emaciation and loss of strength have steadily progressed. She has lost more than fifty pounds in weight, and now weighs about 135 to 140 pounds. She has suffered for twenty years from valvular insufficiency, and now has an enormously hypertrophied heart, with regurgitation. At the time she entered the hospital, the radial pulse missed one or two beats per minute when she is sitting quietly in a chair. When lying in bed the intermission is very much the same. For more than three years she has suffered from dyspnea during any physical exertion. Walking rapidly or going upstairs added greatly to her discomfort.

Physical examination revealed a fibroid tumor of the uterus somewhat larger than a cocoanut. Below and to the patient's right side was another tumor firmly fixed in the pelvis and to the fibroid uterus. This tumor was larger than the fibroid tumor itself. This right-side tumor I took to be a suppurating ovary and the cause of the sepsis. The patient was anxious for relief and realized that that could only come by an operation. An operation for the condition described must necessarily be a very grave one, and in a patient enfeebled by her organic heart lesion, plus the sepsis, the prospect was certainly not very flattering. But without an operation it was evident that the patient must soon die. All these facts were considered and stated to the patient and her husband, and they chose an operation. This was made January 8, assisted by Dr. Joseph A. Hall and Dr. L. S. Colter. Dr. Van Winkle was present at the operation. Dr. Colter gave the anesthetic. It was thought advisable to give chloroform until the patient was thoroughly anesthetized and then change to ether. She had a little bronchial irritation before the operation, and this made us fear ether. The doctor gave chloroform very cautiously for about two

minutes. When the patient was semi-conscious her heart ceased to beat and gave us a good fright, but within two minutes she was resuscitated by artificial means and ether substituted. She took this much better, but the pulse was intermitting four or six each minute at the wrist while she was under the ether. The operation proved to be a very complicated and difficult one. The omentum and intestine were glued to the upper portion of the fibroid tumor as well as to the suppurating ovary. The intestine was very soft, requiring extreme care in separating adhesions. The suppurating ovary was adherent to the pelvic floor and to everything that touched it above. I had succeeded in liberating but a small space, not more than two square inches of its surface, when there was a small leak of foul-smelling pus. I turned the patient on her side and introduced my fingers into the sac of the suppurating ovary, tore it open and emptied out a pint and a half of foul-smelling pus. I cleansed the field of operation the best I could and enucleated the sac. The operation was completed by making a total extirpation of the uterus, draining through the vagina. The opposite Fallopian tube contained half an ounce of pus. The pelvic floor was so much injured that I made no attempt at closing over the peritoneum, but carried the end of a strip of gauze through the vagina and packed the pelvis fairly full of gauze, covering over all the raw surfaces in that region. The gauze was removed through the vagina, a few inches daily, and on the fifth day all that remained was removed.

So far as the operation was concerned, the patient has made a beautiful convalescence, but for four days after her operation it seemed that she would certainly die from her heart lesion. The pulse at the wrist intermitted one every three or four beats, and often for a few minutes at a time it was impossible to count it at the wrist with any degree of certainty on account of the intermissions. She suffered greatly from attacks of dyspnea every two or three hours for four days, but finally the condition of the heart improved and at the end of the fifth day convalescence was established. She is thoroughly convalescent now, twenty days after her operation. Her pulse intermits two to three beats per minute at the wrist, but she suffers no inconvenience from it.

Cases 1, 4 and 5 are interesting as emphasizing what may be done in many of these desperate cases when one has the courage of his conviction. I have always contended, and continue to do so, that these desperate cases are the ones that should appeal to the sympathy of the operator more than any other. Every one of them should be subjected to an operation if they have the strength to rally from it. These are life-saving operations. Every patient who recovers is a life saved that would very soon be lost if they were not operated upon. It is truly marvelous how many of these desperate cases will recover. To the writer they are among the most grateful patients he has, and often the most satisfactory results.

Sarcoma of Testicle and Scrotum.

DR. J. A. JOHNSTON: Mr. F., aged fifty years, noticed a gradual enlargement of the left testicle for two years, attended with more or less pain at times. The right testicle only recently began to enlarge. The scrotum had the appearance of hydrocele. Light was not transmissible. The hypodermic needle drew off a dark bloody fluid. The patient went into the hospital and an incision was made over the left testicle. The skin and tunica vaginalis were half an inch thick. The testicle was cystic, three inches in one diameter and two in another. As the patient wanted the other testicle removed if it was diseased and likely to give trouble, it was investigated through an incision over it. Cysts were found in the epididymis, which I believed would eventually destroy the testicle. In view of the malignant appearance of the scrotum and both testicles requiring extirpation, the scrotum as well as testicles were removed. The cords were ligated with cat-gut as high as possible. The patient made a rapid recovery. The microscope revealed sarcoma of the skin and tunica vaginalis.

THE permanganate of potassium, in its power to decompose organic compounds, is being used with great success as an antidote to organic poisons.—*Med. Summary.*

CASES of edema glottidis have been quickly relieved by hypodermic injections of pilocarpine, given about twenty minutes apart.—*Med. Summary.*

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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DR. J. C. CULBERTSON,
817 W. SEVENTH STREET, CINCINNATI, O.

SATURDAY, MARCH 23, 1901.

WHAT THE OHIO STATE MEDICAL SOCIETY SHOULD DO FOR THE PROFESSION IN THE NEAR FUTURE.

The first, perhaps, of the immediate duties of the State Society would be embodied in the biblical injunction, "Hold fast to that which is good."

It is now five years since the law regulating the practice of medicine was enacted, principally through the instrumentality of the Ohio State Medical Society. At that time there was probably no State in the Union that contained so many uneducated quacks and swindlers, imposing upon the people, as did Ohio. Being a rich and thickly populated State, without protection from the inroads of this hungry horde, surrounded by twenty or more States having fairly efficient laws regulating the practice of medicine, the reason for such a condition of affairs is most obvious. This State became the refuge of medical outcasts and adventurers.

Since the law went into effect, 466 applications for certificates have been rejected, and of the certificates granted ten have since been revoked. There were many who had no ground whatever on which to base an application, who either ceased to impose upon the public or left the State, seeking new pastures. In the

opinion of the writer, a conservative estimate of the number forced to cease practice in this State, through the provisions of the law, would be twelve hundred. Is it not *good* that the people have been freed from those vampires, who extorted the last means of support from the credulous and incurable, only to leave their victims a burden upon friends or the public? Will any man say that this, of itself, is not a sufficient compensation for all the effort and money that has been expended in establishing the beneficent laws that now exist?

Many of the medical colleges in the State, within the past five years, have doubled their equipment for teaching, and have enlarged and strengthened their faculties. A minimum educational qualification has been welcomed and endorsed both by the profession and the colleges. The provisions of our law requiring that certificates to practice medicine should be granted only to those successfully passing the examination of a State board, has insured a uniform standard of proficiency for physicians of all schools of medicine. All this could never have been accomplished had not there been a fearless and determined effort, coöperating organized bodies of physicians of all schools of medicine. Individual and unorganized efforts had formerly, and invariably, encountered failure. While much has been accomplished, in comparatively brief space of time, by this united action, the work has but just begun. In common with all other reforms, it is being assailed by its enemies and taunted by those who should be its friends. It is now for us to *hold fast*. Organized effort is as necessary to maintain as it has been to establish our medical statute; to maintain not merely its words upon the statute books, but the active and efficient enforcement of its provisions.

The physician must ever stand as the guardian of the health of the country;

and upon health depends not only a nation's material prosperity, but also the highest efficiency of its military and naval powers. He must not simply be able to recognize and treat disease, but must educate a heedless and indifferent public to observe rational prophylactic and sanitary rules of living. Modern life, with its accessories of rapid and intricate inter-communication through all parts of the country, demands the prompt and authoritative action, only to be had from thorough organization. Our State Society, as the exponent of medical opinion, must emerge from its contracted and self-complacent consideration of individual exploitation to speak as one having authority on matters of public concern. From his training, education and experience, who but the physician can so intelligently mould public opinion and point out the wisest course to pursue in all matters of hygiene, water supply, pure food and drugs, sanitation, isolation and quarantine?

It is not a forced construction to place this legitimate and important function of the State Society among the duties it owes the physician. It is not a meddlesome interference with individual opinion and action, but a means to strengthen his hands in the fulfillment of his duty, and to enhance personal influence by authoritative support.

What the State Society can do for the legal standing of the profession has been indicated in the consideration of the medical practice act, but there is another legislative action looking to the legal protection of the profession which is most urgent and clearly the duty of the State Society not only to consider and formulate, but to carry into effect; and this is an act directing and controlling the process in suits for malpractice.

As men, let alone as physicians, do we scorn the imputation of seeking to minimize responsibility for our actions; but it is a burning shame that any irresponsible

person, incited through ignorance or by malignity, can assail the reputation of a physician, consume the time and money necessary for a defense, and, though failing to establish his case, can render the defendant liable for costs and without recourse for all the damage sustained. Does not the law afford vastly greater protection to the mechanic, the tradesman—yes, even the criminal? Is your reputation of so small moment; are the emoluments of your profession so profuse; are the interests of your wives and children of so little concern that you should hesitate or delay action to remove so humiliating a condition?

At the meeting of the State Society in 1899 a committee was appointed to prepare a bill and instructed to secure the introduction of the same before the legislature. No report has ever been received by the society from this committee, and, so far as known, no bill has been formulated. Surely, here is something that the State Society *can* do and *ought* to do in the near future for the profession.

Fair compensation for expert medical testimony should also be demanded by the profession of Ohio. That courts should have the power to compel the expression of opinions, which are the fruitage of years of special work and training, without a due consideration for the value of such opinions, is but legal robbery. Such special qualifications are the capital and property of the professional man, and the rights of the same must be held inviolate. This also is work for the near future.

There is another matter, of interest alike to the public and ourselves, concerning which the State Society should express an opinion in no uncertain way—the milk supply of our cities. A clear, straightforward word of warning should arouse a prompt response from the people, for so many helpless and cherished lives may be at times wholly dependent upon this form of nourishment. The unstable composition

of proteid compounds, the rapidity with which toxines are produced when such substances are infected, and the excellent medium they afford for the dissemination of germs, make the care and handling of milk most important considerations, to say nothing of adulterations and the use of preservatives. Inspection of dairies, including the feeding of the cows, the sanitary conditions of their surroundings, and the elimination of tuberculous cattle, should be demanded by medical men; and the State Society can do the profession the highest service by wise action in these considerations.

Another subject for consideration by the Society might be the duty of the State to the victims of tuberculosis. I take it that every service to afflicted humanity redounds to the credit of our profession, and that each of us shares more or less therein. No doubt you are wearied and appalled by the statistics of tuberculosis. I need not recount them. But here, if anywhere, is the honor and skill of our calling at stake. I am sure that this dread disorder must, ultimately, yield to the powers of truth we are acquiring; but the contest may be long and arduous. Surely, it is a public duty to further the efforts of the physician by establishing sanatoria for the care and treatment of these cases, and thereby limit the number of foci of infection.

To enable the Ohio State Medical Society to accomplish the best results in the near future it should have all of five thousand names on its roll of membership. There are nearly seven thousand physicians of the "old school" in the State, of whom less than nine hundred are enrolled as members of the State Society, making its proportionate membership smaller than that of the similar organization of other schools of medicine. We should not perch such a condition to remain.

At the meeting in Cincinnati, next May, there should be an accession to the organi-

zation of at least five hundred, and within three years our membership should be brought up to five thousand. This cannot be accomplished by lying supinely, waiting for the officers, or a few members of a committee to do all the work, but the organization as a whole should enjoin upon each member a duty of bringing his friend or neighbor into the ranks of active membership.

The value of association with others of our calling is not only the broader view, the keener interest, the social enjoyment, but is a source of material advancement as well, for such association wins the confidence and respect of the community in which we live. It is a significant fact that the young physician who becomes early identified with medical societies soon acquires not only high professional attainments, but the lucrative reward of successful practice. It is my opinion that a physician, ultimately, never loses business or money by attending medical meetings.

The very important matters to come before the State Society at its meeting in Cincinnati should insure a large attendance. Especially should the younger members of the profession be well represented; for ere long those who have been for years earnestly engaged in placing the medical profession on a higher plane must soon pass the obligation and service into their keeping, and when such time comes these early experiences will determine the selection of those not found wanting. Our topic has been, *What the State Society should do for the profession;* now, what should the profession do for the State Society? Everything in its power, now, in the near and distant future—all the time.

N. R. COLEMAN, M.D.

Columbus, O.

MANGANESE dioxide, especially if combined with ferrous carbonate, is undoubtedly effective in amenorrhea with anemia.
—*Med. Summary.*

HYPERTROPHIC RHINITIS AND MIDDLE-EAR DISEASE.

It has been known for a number of years that chronic catarrh of the middle ear, that form characterized by annoying tinnitus and deafness and objectively by thickening and retraction of the drum and deviation or obliteration of the cone of light, is for the most part dependent upon some obstructive lesion of the nose. Usually this obstruction is an hypertrophic condition of the turbinate bones, particularly the inferior. The cause of this is not far to find: A thin animal membrane, more or less elastic, separating two currents of air of different atmospheric pressures, will naturally tend to give to the side of the least pressure; in other words, if the pressure in the middle ear is less than that in the external auditory canal, retraction of the drum will occur, with its sequelæ of thickening, ankylosis of the ossicles, formation of adhesions, and so forth. A normal pressure in the middle ear can only be maintained when air is able to pass freely along the Eustachian tube, so that a stricture of the latter may act as a cause of chronic catarrhal deafness; more important is an enlargement of the inferior turbinate, preventing proper aeration of the middle ear, or when the posterior portion of this bone is particularly involved, directly occluding the mouth of the Eustachian tube.

Within the last few months¹ Dr. C. R. Holmes, of this city, has called especial attention to these points, and has based his observations upon a large number of cases from his private practice. Thus in fifteen hundred operations, representing about a thousand patients, chronic catarrh of the middle ear was noted in 472. As proof of the prominence of hypertrophic rhinitis in the causation of the aural trouble, it is observed that the more complete the nasal obstruction the greater

¹ New York Medical Journal, September 29 to October 13, 1900.

likelihood and the further advanced the chronic catarrhal deafness; on the other hand, where one nostril was free and unobstructed, so that there was proper aeration of the middle ear, no symptoms of aural disease existed. The operation performed by Dr. Holmes is the removal of the hypertrophied portion *only* by means of the saw, so that a bone scar is produced, effectually preventing recurrence. Another point insisted upon is the removal of the fleshy posterior mass, known as "the posterior hypertrophy," which, if allowed to remain, lying as it frequently does over the mouth of the tube, would surely prevent improvement. It is hoped that in his next contribution to the subject Dr. Holmes will publish some statistics showing the frequency of these large growths near or over the outlet of the Eustachian tube, that seems to play so prominent a part in the production of chronic deafness.

M. A. B.

EDITORIAL NOTES.

THE Commencement Exercises of the Medical College of Ohio will be held on Tuesday, May 7, at 3 P.M., at McMicken Hall (University Buildings). The annual alumni dinner will take place on the evening of the same date.

Unlawful Experiments.

Prof. Neissner, who was accused of having carried out certain experiments with syphilitic serum in human beings, to their detriment, has been fined, and the Minister of Public Instruction has issued a schedule of regulations providing for the more careful supervision of clinics and hospitals, and for an immediate intimation to the authorities of any such experiments, with a view to punitive proceedings.—*Berlin Cor. Med. Press and Circular.*

FOR moist condylomata appearing on the genital organs, a powder composed of equal parts of burnt alum and tannic acid is said to be an admirable remedy.—*Med. Summary.*

Obituary.

THOMAS KEARNEY, M.D.

Morituri Salutamus.

"All earnest faith he held as good,
The path of honor plain and broad,
His simple creed best understood,
Was duty unto man and God."

He has passed into the higher and better life. There are few who remember the quiet gentleman, the general practitioner of some twenty years ago. Long time a lecturer at the Miami Medical College, he did his part well and faithfully. No better anatomist ever lived in this section of country. He was a man among men. If his innate modesty led him to shrink before impudence and mediocrity at times, who can blame him? Those who knew him loved him, and no better tribute can be paid to any man's memory. He was an old-time army surgeon. Let this be eulogy enough, he lived before the day of medical chivalry had passed.

"This undecorated soldier of a hard unequal strife,
Fought in many stubborn battles with the foe
that sought man's life.
In the night time and the day time he would
rally brave and well,
Though the summer lark was singing and the
frozen lances fell.
Knowing if he won the battle, they would
praise the Maker's name,
Knowing if he lost the battle, the doctor was
to blame.
An old time general doctor,
An old time family doctor,
An honest, faithful doctor fighting bravely just
the same."

The world is better and brighter for such men. He left love, sunshine and a smile as he passed. He was a joy and comfort for all who knew him, and he was our friend.

"The Spring will dress his narrow bed,
With all the wild flowers that he loved,
And round his rest a fragrance shed
Pure as that virtue he approved."

T. C. M.

OLIVE oil by inunction has been used with great success in the treatment of wasting diseases in children, and as a cathartic in place of castor oil. Its use in the colic of gall-stones is well known.—*Med. Summary.*

Current Literature.

♦♦

Mastoid Operations.

One of the principal topics of discussion at the recent International Otological Congress, held in London, was the question of the advisability of opening the mastoid in chronic suppurative otitis media.

Professor Politzer, of Vienna, who is undoubtedly the highest authority in all matters relating to ear diseases, opened the discussion.

He laid down nine indications for performing the radical operation:

1. Well-marked caries of the walls of the tympanic cavity.
2. Extensive proliferation of polypi and granulations in the tympanic cavity, growing from the antrum and attic, and recurring even after repeated removal.
3. Carious fistulae, situated either in the posterior superior wall of the external auditory canal or on the outer surface of the mastoid process.
4. The occurrence of cholesteatoma.
5. A hyperostotic stricture, or complete atresia of the external auditory canal, leading to retention of pus and formation of cheese-like greasy deposits.
6. Facial paresis or paralysis.
7. A painful swelling over the mastoid process, or the formation of an abscess.
8. An obstinate, long-continued, septic, bad-smelling discharge, which has resisted all forms of treatment, especially when the perforation of the drum is situated in the posterior superior quadrant, and the rest of the drum is adherent to the inner wall of the tympanic cavity.
9. Symptoms of tuberculosis appearing in cases of chronic suppuration.

Among the objective symptoms which indicate the necessity for the radical operation should be mentioned fever with a high temperature, preceded by rigor, or fever marked by sudden rising or falling of the temperature, which usually indicates septicemia. Among subjective symptoms, Professor Politzer considered that persistent or frequently recurring pains in the ear and in the mastoid region, or persistent and fixed pain in the parietal or occipital region, which is increased by

percussion, should indicate the necessity of the radical operation.

There would always be cases in which some surgeons, on account of the impossibility of predicting exactly the pathological changes in the temporal bone, will hold the opinion that it is not advisable to await the appearance of well-marked symptoms, and will decide to operate at once; while other surgeons will advocate more conservative methods, from the fact that in numerous cases they have succeeded in healing the discharge without operative interference.

Although he was a strong advocate for the radical operation in suitable cases, he could not agree with those surgeons who not only perform it when the before-mentioned indications are present, but also often for the *mere purpose of curing the discharge*. He thought that in these cases it is not justifiable to have recourse to an operation which, although not necessarily dangerous in the hands of a skilled operator, is still a serious one.

Professor Macewen, of Glasgow, considered that when a pyogenic lesion exists in the middle ear, or its adnexa, which is either not accessible, or which cannot be effectually eradicated through the external ear, the mastoid antrum and cells ought to be opened. He advised the operation even in cases of slight though persistent otorrhea, which could not be entirely cured by simple means. He considered that in these cases there was always danger of the pyogenic process proceeding inwards, giving rise to symptoms often misunderstood or attributed to other causes, but which might prove fatal, or by undermining the constitution might pave the way for the advent of other lesions. After the operation these patients greatly improved in health, all their old symptoms disappearing along with the cessation of the otorrhea. Dr. Macewen's personal experiences led him to state that he regarded the operation of opening the mastoid as the safest and most efficient way of eradicating otherwise persistent purulent otitis media. He regarded the operation of opening the mastoid as substantially contributing to the well-being of human comfort and happiness, and as materially lengthening life.

Professor Guye, of Amsterdam, said that one may often be proud of having cured a patient of chronic otorrhea, with-

out as well as by operation. He did not find in chronic otorrhea, without any dangerous symptoms, sufficient indication for the mastoid operation.

Professor Lucae, of Berlin, said that although he was of opinion that the opening of the mastoid is a very important help in the treatment of chronic otorrhea, yet one may also succeed in many cases without operating. He thought that instead of being proud of saying "I have operated on so many patients," one should be prouder of saying "I have cured so many patients without operating."

Dr. McBride, of Edinburg, desired to associate himself with the more conservative views of Professors Politzer, Guye, and Lucae. He submitted that even if Professor MacEwen's proposals were right, they were impracticable because of the frequency of chronic middle ear suppuration. He, however, except in special cases, objected to so-called prophylactic operations.

Mr. Cresswell Baber, of Brighton, thought that we were most of us agreed that in chronic suppuration of the middle ear, accompanied by mastoid symptoms, the bone should be opened. The interesting point to consider was whether the mastoid should be opened in cases of chronic suppurative otitis media without any symptoms except the discharge. In those cases he thought, as a general rule, that first of all every means of arresting the discharge through the meatus (such as careful cleansing, curetting, removal of ossicles, etc.) should be tried, and if the purulent discharge from the tympanum still continued, the risks of pyogenic infection from this focus should be put before the patient or his friends, and the chances of an operation on the mastoid placing him in a safer position explained, though, of course, no certainty of a cure could be promised until the parts had been exposed by operation and the full extent of the disease ascertained.

Many other speakers joined in this discussion, a full report of which will be found in the *Transactions*, edited by Mr. Cresswell Baber, the honorable secretary-general of the congress. The general feeling of the congress seemed to be opposed to the universal operating advised by Dr. MacEwen, and to be more in accordance with the conservative views of Prof. Politzer. It would be a great pity if it should

be widely believed by operating surgeons that it is a good thing to open the mastoid for a chronic purulent discharge from the ear, without any other symptoms, and the recent debate will do much to place this question on a right footing.—*Bristol Medico-Chirurgical Journal*.

Physical Training the Fundamental Part of Universal Education.

Our knowledge of how to educate children is undergoing a very great change. The importance of physical training as a part of the scheme of universal education is now recognized by our leading institutions of learning, but its full import does not seem to be grasped by the average school teacher or the masses.

Mr. W. W. Hastings in an address says :

"The problem of the age is life, development, conservation of energy.

"That which has absorbed the maximum of our attention as educators is intellectual development; the result passes for education. The more advanced method by which this much coveted end is being hastened to-day is by the conservation of energy, by the study of economy in the use of the student's time, by teaching him only those things for which he finds an application, by making his path easy. It is not entirely clear but that for the development of individuality of students, too much thinking is done for them. The saving salt to their originality is the inculcation of this practical utilitarian point of view. But the latter has not seemed adequate for the desired end. The independent thinking of a few decades ago, which almost single handed forged its way through all difficulties, is responsible for the independent vigorous minds of to-day.

"Economy of expenditure means conservation of energy, but the latter does not necessarily mean true development. A man may by skillful manipulation of his affairs avoid bankruptcy, and yet be gasping for life in a business way. A man may by attention to diet, sleep and other physical habits prolong his existence indefinitely, and all the time be tottering upon the brink of the grave, but this is not living. Economy is good, expenditure is better. The vigorous use of his faculties makes the man. That education which does not include the cultivation of vigorous, healthy, normal thinking, is no

education. The law of the universe that each form of life prepares the way for something higher, culminates in man himself. The physical exists for the mental, the mental for the spiritual. Brain requires to be fed with rich red blood, the spiritual life demands a clearness of vision to see God.

" Whenever a man ceases to be dependent upon a brain to do his thinking, then will energetic thought cease to be dependent upon physical energy. The teacher who attempts the development of the life of an individual without measuring his physical vitality, is as wise as the builder who attempts to bridge the Niagara without a knowledge of the strength of materials.

" The period at which in a peculiar sense rich full life is made, is that of childhood when public school teachers have the responsibility. It is the period of ceaseless activity, of inquisitiveness and acquisitiveness, of latent power, of growth of development. The ultimatum of our endeavor is not head cramming with book learning, but the formation of character. In the final analysis force of character depends upon the sustaining power of a strong physique. There are no doubt many practical and historical exceptions, but health of mind and clearness of mental vision are not the natural products of a diseased body or of weakness and atrophy, any more than a morbid diseased imagination, a weak memory and a variable judgment are the fruit of a healthy organism. The severe concentration of our modern thinking is making "little old men and women" of our boys and girls, is sapping vitality during the period in which it should be stored. The thoughtful teacher is beginning to recognize that health and development, not book learning, are his first care; that individuals not things are to be taught; that thinking not knowledge is power. He wants a working basis for the production of physical and intellectual power.

" Upon the collection of a large number of physical measurements very accurate standards of normal development may be obtained. According to the generalizing method the mean development of each sex and age is regarded as the type or norm for that sex and age. The first thing to know then is whether and how much a child varies from the normal of his sex

and age, and what kind of exercise will correct his peculiar defects."—*Dietetic and Hygienic Gazette*.

Curability of the Insane.

After twenty years of experience as a general practitioner, including four years in the field as a military medical officer—when I became superintendent of a large State hospital for the insane—now thirty years since—it was confidently affirmed by medical enthusiasts then recently engaged in the same line of work, that from 80 to 90 per cent. of insane persons, if properly cared for and intelligently treated as persons suffering physical disease, should and would recover.

Accepting the statements of these men, implicitly, as a novice, it is needless to say that I was soon convinced of the fact that either I was not treating my patients intelligently, or that some of my contemporaries and predecessors were very much mistaken in their estimates of the curability of this numerous and increasing class of society. It is now known, as a matter of fact, after half a century of experiment along lines of reform, that from 30 to 40 per cent. of recoveries of the insane of all classes is a liberal estimate of expectation, however, or wherever treated.

How can this great discrepancy be accounted for?

By the errors inseparable from ignorance and false estimates of facts.

Our mid-century specialists in psychiatry erred because of their ignorance of biologic science, then in its infancy, and their faith in the curative power of medicine in the treatment of all manner of disease. They recognized the newly admitted fact that insanity is not a disease of an immaterial entity called "the mind," being rather a symptom of disease of material mechanisms, notably brains, capable by their activities and motions of manifesting mind. (Gynecologists had not then discovered the real organs of mind.) This new, or renewed, theory of insanity being accepted they reasoned thus: Nearly all diseases are amenable to medical treatment. Even the graver forms, pneumonia, typhoid fever, rheumatism and other serious ailments, when properly medicated, are recovered from. So should all diseases of which insanity is the chief symptom.

Wherein did they err?

They erred in attributing recovery from disease to medical treatment. In not recognizing the fact—now more clearly seen than then—that medicine is at best but a helper, often of but doubtful efficiency, and not a sole, potential, infallible or indispensable principal, in the treatment of disease—the fact being that by far the greater number of human ailments are spontaneously recoverable from, instances in which persons are rescued from death or permanent impairment by medicine, being conspicuously rare.

They were ignorant, also, of the difference in degrees of recoverability from disease or injury, of different organs of the human body. They did not know that while the cells of bones, cartilages, and other organs of low degrees of specialization are more capable of self-repair because of the simplicity of their structures, histologically considered, than are the cells of mucous membranes, glands and nerves. That the cells, the lower types of organization, in fact, are reproduced autogenetically, while brain cells, once destroyed, are never reproduced.

Had our mid-century predecessors—had we ourselves, who are now old—known what is now known respecting the natural history of a man, biologically considered, beginning with the structure and conduct of a cell, they and we would have been exempted from many errors of both theory and practice, as Doctors of Medicine.

Were educated physicians now to remember, and apply principles to be derived from, such biologic facts as they must have been taught, in their diagnosis, prognosis and treatment of disease, intelligently, fewer persons would be sent to hospitals for the insane with the assurances given to friends that a few days or weeks rest and treatment will restore them to normal conditions, more than half of whom are, by reason of degenerative processes already taking place in the highly specialized and histologically differentiated mechanisms of brain, however slight the area of tissue implicated, or the mental disorder manifested, already beyond possibility of restoration to antecedent conditions. Such mistakes are too often made, to the great disappointment of friends and discredit of physicians making them.

But some insane persons do recover!

Yes, one of three, perhaps, or something more.

If insanity is a symptom, and only a symptom of brain disease, and degeneration of brain cells is never recovered from, why should even that number recover?

Because not all conditions of brain disease are degenerative. There are conditions of brain matter attended by disturbances of activity and molecular motion expressed by derangement of function, that may be spontaneously recovered from—conditions effected by mal-nutrition, intoxication or over-exertion. To intelligently differentiate these conditions requires both knowledge and skill, both of which may be acquired by any up-to-date practitioner. To a sufficient extent, at least, to save them from humiliating errors of prognosis in a majority of instances.

If only conditions that are spontaneously recoverable from justify favorable prognosis in cases of insanity, what is the use of hospitals for the insane, or treatment of any kind with a view to their recovery?

This: Recoverable conditions are liable to become irrecoverable by neglect and aggravation of primary causes. In other words, so-called "functional disorder" may become "organic," and brain-cells that were only starved, or poisoned, or fatigued, may finally take on the process of degeneration by which permanent impairment will be inevitably effected. By change of environment and intelligent medication, this terminal condition of originally spontaneously recoverable cases may be averted. To do this is the first and most important function of an insane hospital. It may be superfluous to add that the earlier such disorders are recognized by general practitioners, and the sooner such changes of environment are effected, the more probable the recovery of persons suffering from them will be.—*ORPHEUS EVERTS, M.D., in Southern Practitioner.*

Civilization and Obesity.

The tendency to obesity is greatly dependent upon racial and individual predisposition, but occupation and personal habits are also potent factors in determining this proneness to the deposition of fat in excessive quantity. It is much more pronounced, for instance, in the well-to-do who eat more and oftener and take less

physical exercise, than laborers whose diet is less nourishing, and whose occupation enables them to oxidize a greater proportion thereof. One sees a much larger proportion of obese persons in towns than in the country, doubtless because in towns people ride to their work instead of walking, and the work is, in general, of a more sedentary kind. The multiplication of cheap modes of transport unquestionably favors the tendency to obesity, so that with the rapid development of under-ground and above-ground electric traction in London and other large cities the next generation must be prepared for an evolution in this direction. This disposition to economize labor obtains not only in travel but also in the household. The gradually extending substitution of flats for separate houses with their flights of stairs means a noteworthy diminution in the amount of compulsory exercise, for which housewives no doubt are thankful but which nevertheless has its drawback. Even in the houses of the rich, as well as in large hotels, lifts dispense with the necessity for climbing stairs. The popularity of the cycle is a natural reaction against this reduction of physical labor, the latter finding its natural corrective in one form or another of out-door physical exercise, but as this is purely voluntary it is hardly likely to compensate the facilities for laziness provided by an advanced civilization.—*Med. Press and Circular.*

The Function of the Prostate.

Physiologists are very reticent in respect of the functions of the prostate. We know that the prostatic glands secrete a fluid which plays an obscure rôle in the phenomenon of ejaculation, but even the chemical properties of this fluid do not seem to be known. Recent research has shown that the secretion of the accessory sexual glands exerts a marked influence on the ciliated cells of the semen proper. In the comparatively thick, viscid fluid in which the spermatozoa are suspended in the pure testicular secretion the latter are motionless, and it is not until it is diluted by mixture with the more watery secretions of the other glands that they present their characteristic agility. It is probable that the action of the diluting fluids is not merely physical, although their possession of nutritive or stimulating properties is at

present hypothetical. Professor Walker, of the Johns Hopkins Hospital, describes the anatomical arrangements which are brought into play for this purpose. The ejaculatory ducts empty themselves on the summit of the *caput succedaneum* towards the apertures whereof the prostatic ducts converge. As the semen is being poured out into the urethra, thirty or forty streams of prostatic fluid are sent into it, and in this way a homogeneous mixture of the two secretions is produced most favorable to the motility of the spermatozoa.—*Med. Press and Circular.*

Testicular Fluid.

The somewhat fanciful expectations which have been indulged in concerning the benefits to be derived from injections of testicular fluid, have not so far been by any means fulfilled. In the case of tabetic patients with lancinating pains and marked ataxy it is claimed that these injections have been followed by marked improvement, but inasmuch as this method of treatment is never the only therapeutic measure adopted, it is difficult to draw any definite conclusions from the improved nutrition which is said to have followed the treatment. In the opinion of many observers, moreover, the injection of testicular fluid has no beneficial effect whatever, and judging from certain experiments lately carried out in the Anatomical Laboratory of the Johns Hopkins University to determine the relationship which exists between the prostate gland and the testes, such injections have no effect whatever. We are probably justified in concluding that atrophy of the prostate following removal of the testes is in no way dependent upon the suppression of the testicular secretion. The advocates of organo-therapy must therefore rest their claims for successful results on other evidence than that afforded by direct therapeutical and experimental observations.—*Med. Press and Circular.*

DR. J. N. FYFE says that patients afflicted with dribbling urine, accompanied by a burning sensation in the urethra, should be given santonine. The administration of one grain every hour or two will usually afford prompt relief.—*Med. Summary.*

Translations.

**MEDICINE AND MORALS OF ANCIENT
ROME ACCORDING TO THE
LATIN POETS.**

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

I.

Lyric, Elegiac, Epic and Didactic Poets
—Ovid, Horace, Catullus, Tibullus,
Propertius, Virgil, Lucanus and Lucretius.

LUCANUS.

Born at Corduba, Spain, 39 B.C., Marcus Annæus Lucanus came to Rome at an early age as a student. His uncle, Seneca, the philosopher, made him enter the Imperial Court, and classed him as a competitor to Nero in a literary contest. Lucanus chose for his subject "Orpheus," while Nero took the history of Niobe. Lucanus easily carried off the literary honors, but this embroiled him in a wrangle with the tyrant. Nero forbade his victorious rival from reading poems in the theater or in public. Such is the jealousy of all upstart emperors.

Lucanus now gave himself up to his immortal work "Pharsalia," a record of the civil wars of Cæsar and Pompey, that was never completed. Meantime, let us remark that Quintillian deemed Lucanus rather an orator than a poet; it is probable that Nero's jealousy was really, then, more a fear than a dislike for the poet.

Lucanus was afterwards so insulted by the friends and partisans of Nero that he joined in a conspiracy against the Emperor with Piso. The plot was discovered; Lucanus was allowed to choose the manner of his death. He had his veins opened in a hot bath and died thus, his last words being a recitation of some of his own verses from his "Pharsalia." The poet was but twenty seven years of age when his young life was so cruelly cut off by the tyrant Nero.

The "Pharsalia" is an epic poem, narrating, as before stated, the story of the civil wars of Cæsar and Pompey; in reality its real purpose is an apology for

liberty. For our own purpose we need only refer to those passages that interest physicians, for Lucanus belonged to the school of Stoicks, and his scientific erudition was therefore considerable. Let us give a remarkable example:

"In his first song the author of "Pharsalia" shows us Cæsar crossing the Rubicon, the ancient frontier of Gaul, and marching on Rome, that is immediately abandoned by Pompey and his partisans, the Senators and other notables. The panic is complete; the inhabitants go to consult the Etruscan diviners and soothsayers. Aruns, the most famous, orders the purification of the walls of the city and prepares for an expiatory ceremony, for the gods had thundered from the heavens, the earth had shaken and the very seas were troubled. Unknown stars had flashed across the midnight skies, their light illuminating mighty spaces, and a comet had shaken its silver head at the earth. In the midst of deceptive serenity dazzling rays sparkled in the firmament and bolts from the heavens fell from unclouded space, without even a noise, upon the Capitol.

"Then, while the priests of the temples, the augurs, soothsayers, oracles and sacrificers, followed by processions of terrified citizens, marched through the streets of the threatened city, Aruns collected the fire from the thunderbolts and directed it into the earth, that received it in its bosom with a stifling murmur."

"Aruns dispersos fulminis ignes
Colligit et terrae moesto cum murmure condit."

"This Aruns must have been a very learned man," observes Dr. Meniere; "he must have been a sort of human lightning conductor." This comment does not appear to be very exact. Perhaps Aruns used conducting kite strings to induce the lightning to enter the ground. We learn from many historians, in fact, that the Greeks and Etruscans had studied atmospheric electricity, and that Numa Pompilius could draw lightning from the clouds (*Eripuit cælo fulmen*); this was centuries before Franklin's time.

We know that this experiment in physics was ever dangerous, and that the operator was liable to be struck by lightning. This was what happened to Tullius Hostilius, successor to Numa, who, according to Pliny, "was struck by a thun-

derbolt at a moment he was clumsily imitating the experiments of Numa in bringing down thunderbolts. Titus Livius¹ has confirmed this fact of the death of Tullius Hostilius, adding that he was assisting at the time at a religious ceremonial. Seneca, the philosopher, has initiated us as to the knowledge possessed by the ancients as to thunderbolts and their effects on men and animals; he had already determined the nature of the phenomenon of the return current, that is to-day explained by the disturbance produced by the reunion of the two electric fluids decomposed by certain influences.²

As for the therapeutic employment of electricity, the physicians of antiquity knew no other electric machine than the *cramp fish or torpedo*.³ The ancient Greek and Roman physicians used this living electric apparatus as a powerful therapeutic agent; they knew, besides, for they had carefully studied the subject, the sensations and commotions that this fish caused in the human body. Aristotle states that the torpedo produces a numbness among the fish on which it preys, thus rendering the capture of its victims easy. Scribonius Largus, a Roman physician, writing in the time of Christ, states: "Against gout it is necessary, during the painful attack, to place under the patient's foot, at the seashore, a black living torpedo fish, so that its numbness may be felt in the whole gouty foot as in the tibia as far up as the knee. This will remove the present pain and remedy the disease for the future." This might have been what cured Anteros crossing the Tiber.

Pliny says the ancients facilitated labor by the employment of torpedoes. Dioscorides, who lived in the first century of the Christian era, indicates the application *in loco* of living torpedoes or cramp fish for the cure of obstinate diseases of the head and for prolapsus of the rectum. Galen corroborates this fact. "I thought," says he, "of putting a living torpedo in contact with the head of a person attacked by cephalgia, because I imagined that

¹ Titus Livius, liber v, Capitola xxxi.

² Long before the Etruscans, 332 years before Christ, a Greek philosopher, Theophrastus, discovered the properties of yellow amber (*elektron*) of drawing, when rubbed, light bodies such as quill feathers, blades of straw, dry leaves, etc.

³ Dujardin Beaumetz's article, "Electricité medicale du Dictionnaire de thérapeutique."

this fish might be a calmative remedy, like all those remedies that numb sensation. I found it was so."

Why this historical dissertation? Merely to prove that the Greeks and Romans knew and studied the phenomena of electricity, and employed it in this unique manner as a therapeutic agent.

Let us now return to the ceremony presented by the priest, the depositary of the oracle. He wished to persuade the Romans that he had disarmed the hands of Jupiter by drawing the lightning bolts into the soil, in the place chosen by himself for that purpose (Bidental), as has been pointed out by Frederick Creuzer.¹ But that was not all. Aruns demanded that there should be thrown into the flames the monstrous fruits that a disordered nature had formed in women condemned to sterility.

"Monstra jubet primum, quae nullo semine discors
Protulerat natura, rapi, sterilique nefandos
Ex utero fetus infastis urere flammis."

It is evident that this means the different degenerations produced by disordered conceptions; for instance, moles, graviditas vesicularis, hydrometra hydatica, hydrops uteri vesiculosus. It is probable that these false germs, of which the mode of formation was unknown, were preserved for some purpose, and favored part of the mysterious collection of the Aruspices. Let us recollect from these passages that the ancients knew all these products of an imperfect conception; that, according to the expression of Lucanus, they were not confounded with uterine tumors, pathological productions foreign to the function of conception.

After his performance Aruns brought to the place where the lightning bolt enters a bull that the sacrificers proceeded to immolate. Of this occasion Lucanus gives us a pathologic-anatomical description of the animal's viscera, that proves much in favor of his imagination. He says the blood that escaped from the wound is a black poison, the intestines covered with livid spots, the liver bathed in corrupted blood, the lung shriveled, heart out of its covering membrane, the intestines torn and bleeding.

¹ Creuzer: "La symbolique et la mythologie des peuples anciens."

So Aruns may have had reasonable support in declaring that he found hell in the flanks of the bull, and that horrible misfortunes were to be feared.

After him Nigidius Figulus took part. This celebrated Pythagorian, for whom the "world turned as fast as a potter's wheel," says Lucanus, and who after long studies had been admitted to the secrets of the gods and the sages of Memphis, read from his knowledge of the stars and in the mystical numbers that controlled the celestial movements, telling his assistants called in conference the astrological signs he perceived in the constellations, and ended by this very politic conclusion :

"If Orion burns with such a brilliant light, it is from raging combats that this illumination is caused; it is that crimes come to take the names of virtues, because a tyrant approaches Rome, and that there is no more liberty for us save in the bosom of a civil war."

This raging combat, these bloody cruelties upon the battlefield, develop the skill of Lucanus as an anatomist. He draws a picture of the lugubrious scenes enacted at Rome—women robbed of their jewels flying for refuge in the temples, where they uttered dismal shrieks and groans, and old men who recalled with frightful sadness the days of terror in the times of Marius and the horrible vengeance of Scylla. The suicide of Catullus, to escape from the jealousy of his ancient colleague of the consulate, "enclosed in his chambers where he lit a large brazier of charcoal, the vapors of which suffocated him."

I Marius and Scylla, those two men who caused the outpouring of so much human blood, and whose antagonism was so fatal to liberty, died of very different diseases. Plutarch describes their symptoms. "Marius," says he, "was only in bed for seven days. His ambition appeared in his malady, by a delirium into which he fell; for he dreamt he was heading a Roman army against Mithridates, and was giving him battle. He made the same gestures and movements he was accustomed to make in war, shouting out his commands, uttering cries of victory, so much had his wish to command and his natural jealousy impressed his heart by this strong and violent passion for leading in warfare."

"Scylla, like Marius, was given to all sorts of debaucheries. He had an abscess in his body. This abscess finally rotted his flesh and turned it into running sores, so that even although the rotten flesh was removed night and day in quantities, they dared not remove it all for fear of engendering it anew; yet his clothes, baths, even

Lucanus afterwards recounts the murder of a brother of Marius and the sufferings endured by that unfortunate. "We have seen," says the narrator, "that disfigured body of which each limb was only a wound, pierced by stabs, torn into shreds. He had not yet received the mortal blow, and by an unheard of cruelty they took care to preserve his life. His hands fell under the cutting of the sword blade, his tongue torn from his living mouth still quivered, and mute as it was, trembled in the air. One man cut off his ears, another his nose; the latter, too, pulled from their orbits the terrified eyes that had witnessed the punishment of his body."

Now the rivals are in each other's presence. Cæsar has pursued Pompey into Greece, where all his forces are concentrated, having with him to assist his efforts two hundred senators, among whom were Cicero and Cato, whose influences were well worth an army. Cæsar had established his camp at Dyrrachium upon the heights; the troops of Pompey were on the plain about the city. Soon the country is ravaged, there is no longer forage for the cavalry, horses die, and their cadavers bring unhealthy emanations into Pompey's camp, inducing an epidemic of typhus that carries off numbers of victims. What is the vehicle of contagion? "It was water," says Lucanus, "easier and more prompt than the air in giving the disease, that carries an impure mixture and overcomes the entrails with a devouring poison."

"*Inde labant populi, cœloque paratior unda.
Omne pati virus, duravit viscera cœno.*"

"Labant," that signifies staggering, to lose equilibrium, also indicates the condition of torpor and stupor into which

his table purifications were inundated by an inexhaustible flood of this verminous corruption, that flowed out of him in such abundance. He was obliged to throw himself into the water several times every day to wash and clean his miserable body; but all this was useless, for the change of his flesh into corruption exceeded his efforts by his promptitude in gathering, and the frightful quantity of verminous matter resisted all baths. On the evening of his death he cried out so much with the torment of his abscess that it was opened and emitted much blood. This exhausted his vital forces, and he passed the last hours in most horrible agonies.

Here was a beautiful case of phthiriasis, that is at the present day so successfully treated by sulphur baths and bichloride preparations.

patients attacked by malignant typhus fell, the regular type of army typhus. "The skin is dry and black," says Lucanus, "the eyes dulled; the head, weighed down as if by heaviness, is no longer held up, while the fever is intense."

"*Jam riget atra cutis, distentaque lumina rumpit;
Igneaque in vultus, et sacro fervida morbo
Pestis abit, fessumque caput se ferre recusat.*"

The case becomes rapidly developed; it creates ravages each instant; there is no longer an interval between health and death; the instant almost they are attacked they die.

"*Jam magis atque magis praeceps agit omnia
fatum;
Nec medi⁹ derimunt morbi vitamque, nec em-
que.*

The contagion is nourished and increases number of its victims, and the only sepulture accorded the unfortunates is dragging them outside the tents.

"*Sed languor cum morte venit, turbaque caden-
tum
Aucta lues, dum mixta jacent incondita vivis
Corpora; nam miseros ultra tentoria cives
Spargere funus erat.*"

Lucanus the poet shows himself to be a free *contagionist*; he was right. However, he does not blame the commander of the army for his carelessness in not burning up the cadavers and taking no precautions to prevent the extension of the epidemic. He contents himself by adding: "Their sufferings were ended when the wind from the sea came from behind the camp, that north wind that purified the tents, and when vessels arrived bringing fresh foods from abroad."

We see from all this that overcrowding and food privations were causes that preceded this typhus outbreak in Pompey's army. Lucanus, besides, was correct in considering, as the origin of the infection, the numerous bodies of decaying horses. This observation is supported by Jaccoud, who, at the Academy of Medicine, in 1874, demonstrated that "the accumulation of animal products in a state of fermentation or decomposition may, outside of all other influences, provoke the outbreak of typhus."

While the soldiers of Pompey were being decimated by the epidemic, the army of Cæsar, freely scattered over the hills, neither suffered from bad water nor

from injurious miasms, yet were a prey to a horrible famine. Not being able to ration themselves by sea, the soldiers, pressed by hunger, disputed the pasturage with the animals; they nibbled the leaves from bushes, bit off the bark from trees, uprooted and ate plants the nature of which was unknown to them, and many of which were poisonous—anything that fire could soften or that teeth could dent, anything that could be swallowed and carried to the stomach, even that which tore their palates. Meats up to that time never eaten by men were taken, and, despite all this hardship, they continued to besiege their enemy, among whom an abundance of food was to be found. However, their forces were not exhausted, as is proven by the heroic defense they opposed to a sortie made by the soldiers of Pompey, a defense in which the centurion Scaera made prodigies of valor, holding back alone a whole legion of the enemy from a rampart, "cutting off their hands as they clutched the wall, beating them back with handspike and cudgel, crushing heads with huge stones, burning their heads and faces with a flaming torch."

If the legionaries suffered from hunger, the army of Pompey suffered from thirst. In Spain, upon the dry summits of the hills of Hilerda, Cæsar's cavalry had hedged them in and separated them from the plain by a deep trench. Immediately Pompey's unfortunate army lost all their water supply; vainly they dug the earth to find springs. Cæsar foresaw he could reduce his foes by thirst, and would not permit the use of a single spring. The painful search for water and the hot air they breathed made them thirstier than ever; they dared not even use their abundant food supply to repair their failing strength, for eating without water only intensified thirst. They fled from their tables, for hunger was even a relief from thirst.

"*Nec languida fessi
Corpora sustentant epulis, mensaque perosi
Auxilium fecere famem.*"

But we need go no further into long and very accurate description of the physiology of hunger and thirst, painted by a master hand; the poet never once forgets the effects of food and water, hot and cold air, the losses of the mucous membrane or of the skin; he describes fevers, gastro-enteritis, and the dreaded kind of army

pyrosis that consumes the digestive tube. Lucanus terminates this one lengthy article on physiology by the very just reflection : "O wasteful debauchery ! O foolish display of opulence ! O ambitious show of rare meats ! O vainglory of surreptitious festivals, to only show how man must sustain and prolong his life, and to what nature has reduced his real wants. To reanimate these unfortunates it was not necessary to have famous wines in cups of solid gold, only a little pure water to recall life. A river and Ceres would suffice for all mankind"—

"*Satis est populis fluviusque Ceres.*"

We need not go into the ceremonies of the Delphian oracles, nor of the mysterious doings of the mighty Erichto, who deals in the magic of that day.

The details of Lucanus upon wounds made by ancient weapons are full, and would ever interest the surgeon. His battle scenes of blood and carnage are more than graphic. Cæsar looks around and contemplates his triumph. The head of Pompey is brought to him ; it has been preserved by an anatomical process. Lucanus thus describes this ghastly trophy : "By the aid of an impious art they had takeu the dried blood from around the head, removing the brain ; they had dried the skin, and when all the fluids were exhausted they had preserved and closed over the skin again."

"*Tunc arte nefanda*

Submota est capiti tabes, raptorque cerebro
Exsiccata cutis, putrisque, effuxit ab alto
Humor, et infuso facies solidata veneno est."

Afterwards Lucanus shows us the austere Cato, rallying the remnants of Pompey's army in the Lybian desert. In that region the sun's rays grew hotter, springs of water were few in number. In the midst of the sandy waste they reached an oasis infested by numerous serpents. The soldiers, seeing the snakes on the water's edge, feared to quench their thirst, thinking the water poisonous, when Cato informed them that their alarm was groundless. "Without doubt," said he, "the bite of these snakes is venomous ; the poison distilled from their fangs is fatal, but only when it enters your blood ; the water in which they swim is harmless."

The accidents following numerous snake bites confirmed Cato's opinion. A serpent bit a young ensign named Aulus, who

was taken by an inextinguishable and mortal thirst. Satellus, bitten in the thigh, succumbed with frightful symptoms. The venom of the aspic, or horned viper of the Nile, is very deadly. Lucanus mentions various kinds of serpents. He also speaks of a tribe of natives of Libya, known as Psylles, who have no fear of serpents, knowing how to charm them and antidote their poison. These, he states, are invulnerable, "*for the Psylles inoculate their infants with the venom of the aspic.*" These Psylles accompanied Cato's soldiers in order to protect them from serpents. When a soldier was bitten in the desert the Psylle licked the wound, covering it with saliva, then muttering a magical incantation, sucked the poison and "*spat out death.*"

"*Tunc superincumbens pallentia vulnera lambit,*
Ora venena trahens, et siccata dentibus artus,
Extractaque tenues gelido de corpore mortem
exspuit."

Here we rest our study of the "Pharsalia" of Lucanus and permit triumphant Cæsar to enter Alexandria and disperse the enemy's forces in order to march on Utica, defended by Cato. After the battle of Thapsus the celebrated stoic protects the flight of his companions, thinking only of death. He sleeps after reading Plato on the immortality of the soul, and on awakening pierces his breast with a sword. A surgeon called in arrests the hemorrhage, makes a dressing, but Cato tears off the bandages and dies bathed in his own blood.

Lucanus consecrates the most beautiful passages of his work to the great philosopher ; he makes him, after "Pharsalia," a courageous leader, rendering homage to Pompey's name, a lover of his country and a magnificent patriot.

[*To be continued.*]

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NEW SERIES VOL. XLVI.

MARCH 30, 1901.

WHOLE VOLUME LXXXV.

VALEDICTORY ADDRESS.*

BY H. V. SWERINGEN, A.M., M.D.,
FORT WAYNE, IND.,
PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

*Mr. Dean, Gentlemen of the Faculty, of the
Graduating Class, and Ladies and Gentlemen:*

It is customary upon occasions like the present for the valedictorian, upon the part of the Faculty, to dwell in his address to the public upon the progress of the science of medicine from the time of Hippocrates and Galen down to the present. It is perfectly proper upon all such occasions thus to do, and seems especially so at the present time, standing as we do at the close of the nineteenth and the opening of the twentieth centuries. But to take anything like an exhaustive retrospective view of the progress of our science and art would be to transcend to an intolerable degree the limits of the time allotted to me and to weary unnecessarily the patience of my audience. I can only hope, therefore, to present to you a few thoughts which cannot be otherwise than scattered and general in character.

We have ever and anon been reminded, though not so frequently as formerly, that medicine has made and is making no progress, and that it is not entitled to a position among the exact sciences. This reminder to the contrary notwithstanding, I start out with the assertion that, waiving the discoveries of Harvey, Jenner, Paré and Laennec, the medical profession has made more progress in the last fifty years—aye, in the last twenty-five years—than it has made in its entire history. It would now be difficult to compute the number of people living to-day who owe their lives directly and indirectly to the achievements wrought by the medical profession during the last quarter and half of the nineteenth century.

It may appear somewhat bold and surprising to this audience, but it is nevertheless true, that the gentlemen who will graduate from the Fort Wayne College of Medicine this evening are a thousand times better equipped and qualified to battle with disease than were the entire constellation of great medical stars who reflected their light prior to the last half of the nineteenth century. These young gentlemen represent a stage in the evolution of the science of medicine to which their most famous predecessors of a not very remote past had not attained, and are therefore better able to meet the demands of the present than were they.

It is in no small degree humiliating that we are yet obliged to defend any truth established by our illustrious predecessors, but the recently proposed legislation in this State against compulsory vaccination seems to render such defense imperative.

Vaccination has been opposed by an uncertain number of people since the date of its introduction by Jenner. It has been accused, and not in every instance unjustly or unreasonably as formerly practiced, of imparting all manner of disease to the human family. It is not at all unlikely that germs of erysipelas, typhoid fever, diphtheria, syphilis, tuberculosis and other diseases have been communicated by the old-time arm-to-arm method of vaccination. It is no doubt true that the latent predisposition to any disease may be rendered acutely active by the slight impairment of health occasioned by vaccination.

But while all this is a concession which will be surprisingly liberal to the opponents of vaccination, it in no way detracts from

* Delivered at the Twenty-second Annual Commencement of the Fort Wayne College of Medicine, March 26, 1901.

the value thereof as an insurance or immunity against the loathsome disease smallpox, which value is established as one of the Gibraltars of the science of preventive medicine.

It is with much less show of probability that the risks we have enumerated attend vaccination as now antiseptically practiced, which fact is one of the many evidences of the progress we have made.

Upon the same principle that a mild attack of scarlet fever will in the great majority of instances render immune or insure the patient against a future more malignant seizure, or that a mild attack of smallpox, called varioloid, will render immunity to the subject from a future more malignant and fatal seizure of smallpox, vaccination, which virtually consists in imparting to the subject vaccinated the smallpox disease, but to a degree so mild and modified as to not equal in severity even its varioloid form, insures or immunes the patient against the more loathsome, malignant, fatal and highly contagious type of smallpox.

There is as much difference in the power, potency and virulence of disease germs, and even among those of a special group or family, as there is in the symptoms of the various diseases or in the physical characteristics of the human race or of a single family thereof.

The smallpox germ communicated to the subject vaccinated is shorn of its virulence and malignancy, but retains a sufficient vitality to produce a constitutional reaction or condition sufficient for the purpose of immunity.

As the delicious celery eaten every day at our meals is the product of the culture of a very acrimonious poisonous plant, so the vaccination germ which is introduced into the circulating current of our children is a culture product of a very deadly and poisonous germ which produces smallpox in its most malignant, fatal and contagious form.

With the culture product of that most fatal disease, diphtheria, we are to-day saving that class of cases of diphtheria which heretofore invariably died for us. Diphtheria antitoxin, derived from the fatal diphtheria germ by culture, is one of the grandest discoveries of the centuries.

No individual member of the human race is equal to the whole of it, and if there have been here and there instances

in which the practical application of the great truth of the benefits to be derived from vaccination has proved exceptionally injurious and hazardous, it is no fault of the law of protection afforded by vaccination, but of its method of execution; and the subjects of those exceptional instances were simply individual martyrs to the evolution of a most important medical truth. The blood of those martyrs constituted the seed from which has grown our present improved method of vaccination. This, it appears to me, is the whole subject of vaccination in a nutshell, and for the proof of its value to humanity we have volumes of official statistics.

However humiliating it may be to our national pride, we must confess that much of the progress made in medicine in recent years, as in the past, originated with our professional brethren across the Atlantic. The reason for this lies in the fact that European countries foster and encourage at national expense scientific research, and their students are enthusiastic for discoveries rather than for dollars, for glory rather than for gold.

After one hundred and twenty-five years of American independence, Europe still continues to furnish the world with the greatest men of science, and, therefore, the greatest scientific discoveries. There are exceptions to this general observation, for we can now boast of an Edison, a Morse, a Field, and others, but we refer more particularly to the field of medicine.

All over this glorious land of ours may be found in embryo poverty-stricken scientists who, with the same substantial governmental encouragement accorded to European students, would render the American galaxy of worthies in the field of science as brilliant as that of any other country on God's footstool.

Physicians in Europe are elected and appointed to political positions in which they are enabled to promote the interests of the science of their profession, as the celebrated Professor Virchow has done, but in this country physicians in its councils are conspicuous by their absence.

I see no reason why the legal profession should be favored with governmental patronage to the almost absolute exclusion of the medical and theological professions. Both of the latter should be well represented in government affairs for the physical and spiritual welfare of our people.

There are doctors and preachers whose judgment in the councils of our nation would carry as much weight and command as much attention as that of any equal number of lawyers, who have hitherto seemed to exclusively occupy the field.

There is no profession that has done so much for suffering humanity and received so little recognition as the medical, and it seems to me that the time has come when it should be accorded some substantial encouragement from the government.

The province of the physician is to prevent disease as well as to cure it, and no one knows better than he how much physical and mental disease could be prevented in this country if its original spirit of equality of opportunity among its people yet prevailed in it. "Equal rights to all and special privileges to none," "Live and let live," the "Golden Rule" and "Righteousness exalteth a nation" should be the key-notes of the twentieth century. The struggle for existence among the masses should grow less instead of greater as time passes. We need more Carnegies, more Hirsches, more Girards, more Peabodys, more men who are disposed, in the spirit of the brotherhood of man, to give back to the people a portion of the proceeds of exceptional success.

We need such a change in our election laws as will enable the people, instead of packed conventions, to nominate our candidates. Our United States Senators should be elected by the people instead of by our legislatures, and no electoral college system should longer continue that will render it possible for a President of this Nation to be elected by a minority of its voters. Physicians, priests and ministers who are not politicians in the usual sense of that term would then stand some show of illustrating to the world that this country *is* a government of the people, by the people and for the people, and that it is not always necessary to seek office to get it.

If physicians had a voice in the administration of this government, America would not now be the only civilized country in the world that does not protect the consumer of food products against the adulterations of manufacturers.

If physicians had had a voice in the administration of the government of the city of Fort Wayne, its people would not

have been obliged to drink rotten canal water, and some of its recent deaths from typhoid fever would have been averted.

The authorities or officials who will knowingly and without public notice let into the mains of a city water for drinking purposes abounding in all manner of disease germs, are hardly less guilty before God and man than he who stealthily slips into the tea or coffee of his victim a dose of arsenic with murderous intent.

The God of this country is the almighty dollar, and the sophistication and adulteration of the food and drink of its inhabitants is an almost universal method by which it is secured. Glucose sold for honey, oleomargarine for butter, and questionable water for milk, are but a few of the thousands of illustrations of the imposition practiced upon a confiding public.

The medical profession in this country has been more inclined to theorizing and discussing, while our foreign brethren get down to the drudgery of humble, common observation and laboratory experiment. Our foreign brethren also theorize and discuss, for theory almost invariably precedes the establishment of fact, but they do not stop at theory as we do.

Almost every great name in medicine is associated with some celebrated theory or established fact. The attention of the profession in this country has been almost exclusively directed to the strife between the advocates of opposing theories and to the questioning of established facts. Even the indisputable fact of the germ causation of disease is not yet accepted by the entire profession in this land of ours.

The contrast between the purely medical practice of our profession of the present day and that of only a few decades ago is both humiliating and pleasing; humiliating to reflect that physicians ever entertained so many erroneous ideas, and pleasing to realize that we have outgrown them. But I feel very grateful that I never was guilty of the inhuman practice, and, in my opinion, unpardonable sin, of withholding pure cold water from the thirsty, fevered patient, or of obliging him to inhale his own exhalations and those of others in attendance upon him. My directions to the contrary, however, have frequently been ignored by nurses and friends who believed that "catching cold" is the cause of all the ills that flesh is heir to. Even to day it is difficult to get some old-time

midwives who have charge of cases in which we are called to render assistance, to allow their patients to drink pure cold water, to breathe pure air and to eat a proper meal.

The contrast between the number of ingredients which entered into the prescriptions of our predecessors and that which compose the prescriptions of the present day is decidedly marked. There are several of Huxham's prescriptions yet extant which contain more than four hundred ingredients, while the prescriptions of our own time are simplified down to an average of not more than four, five or six.

The practice of mixing together medicinal substances so as to form one remedy is of very ancient origin; most of the prescriptions which have descended from the Greek physicians are of this description. The uncertain and vague results of such a practice appear also to have been early felt and often condemned, many having declaimed with great ardor against the complicated medicines which were administered; the greater number of these compositions presented a mass of incongruous materials, put together without any apparent order or intention; indeed, it would appear as if they regarded a medical formula as a problem in permutation, the only object of which was to discover and assign the number of changes that can be made in any given number of agents all different from each other.

There is beginning to be noticed a marked difference in the social intercourse of physicians from that which obtained only a short time ago. Like lawyers, they can now steal each other's patients and enter into strong, acrimonious competition with each other, and yet sit down to a banquet or mingle in social relations with the very best of feeling and enjoyment.

Even in quackery there is noticed a decided change. Paracelsus, who was called the Prince of Quacks, flourished in the sixteenth century. In order to give himself dignity, he assumed the names of Philippus, Aureolus, Theophrastus, Paracelsus, Bombastes de Hohenheim. He discarded all the commonly received doctrines and modes of practice, and pretended to have been searching after the truth for many years. He put forth a pompous proclamation of his travels and researches, and pretended to have made great acquisitions in medical science. The remedies

which he used were mostly of the heroic kind, and though he killed many by his rash practice, he stumbled on some cures, and what quack has not? These were proclaimed in the most bombastic manner. The result was that his practice was immense in amount and extent.

The magistrates of Basle engaged him at a large salary to fill the chair of medicine in their university. At his first lecture he burned the works of Galen and Avicenna, and asserted that there was more knowledge in his cap than in the heads of all physicians, and that there was more experience in his beard than in all the universities. "Greeks, Romans, French and Italians," said he, "you Avicenna, you Galen, you Rhazes, you Mesne, you doctors of Paris, you of Montpellier, you of Swabia, you of Prussia, you of Cologne, you of Vienna, and all you throughout the countries that are washed by the Danube and the Rhine, and you who inhabit the islands of the sea, Athenian, Greek, Arab and Jew! you shall follow and obey me; I am your king—the monarchy of medicine is mine!"

Such was the language of Philippus, Aureolus, Theophrastes, Paracelsus, Bombastes de Hohenheim, and such has been the language of every quack since his time, but it is now toned down to the more modest newspaper advertisement: "When others fail consult Dr. Bombast," which is equivalent not to saying but to conveying the impression to the unwary that Dr. Bombast cures all cases given up by regular physicians.

There is also noticed a difference in the attitude of the several sects of physicians toward each other. There is more liberality and deference to conflicting opinions than formerly. The true physician is not an allopathist, nor a homeopathist, nor an osteopathist, nor an eclectic, nor a physiomedicist, nor an "old school," nor a "new school," nor a "magnetic healer," nor a "Christian scientist," nor a "hypnotist," nor a "suggestive therapist," nor a "mental scientist," nor a "faith curist," nor a "hydropathist," nor any other "ist." We have yet to learn that Jesus Christ the Great Physician and Luke the beloved physician were members of either one of these sects. The true physician is not a medical sectarist or a medical creedist. If he has any medical creed it is simply truth. He disowns all artificial formulas

of cure or creeds of cure. His belief in remedies is not founded on extreme generalizations, and he refuses to be limited in his practice by any other technical rules than those derived from a fair view of facts investigated upon true scientific principles.

The true physician corrects by experience the errors into which he has been led by the uncertainty of the medical practice of the past. But the public at large pursues a very different course. They never correct their errors, but only supplant one error by introducing another. While physicians reject what is found by experience to be valueless and retain what is truly valuable, the public rejects alike the good and the bad in making their constant changes from doctor to doctor and from remedy to remedy. It is mere caprice, and not a careful discrimination, that leads the multitude to throw aside one favorite remedy or system of practice for another.

Ever and anon the newspapers contain as new a two- or three-column article upon some subject pertaining to medicine, and some member of the laity having read it will address his physician in some such manner as this: "Doctor, I read an article the other day in my paper or magazine that will interest you, and you ought to read it. I have laid it aside for your special benefit." But it is invariably the case that when the subject and gist of the article is learned, the physician has but to tell his patient that he is quite familiar with it, having read it up in his journals from five to ten years prior. And then the layman or patient thinks if he does not say: "Don't that beat hell? I thought I was springing something on the doctor about which he knew nothing."

Mortifying in the extreme as it is to our professional pride, stripped of professional honors in many instances, we are often made to realize the truth that comes floating to us on the dying breath of La Place—"What we know is little, and what we are ignorant of is immense." But thanks to the great law of evolution, our fund of medical knowledge is increasing, and we are to-night holding up our heads, surprised at the rapid progress we have made in recent years. We are not yet able to perform miracles or to raise the dead, but many things which a few years ago we considered impossible of accomplishment we are now accomplishing.

In the surgical branch of our profession its progress has been exceedingly pronounced and brilliant. The ancient surgeons had recourse to prayer for the extraction of foreign bodies from wounds. Our modern surgeons, I am sorry to say, with the local exceptions of Drs. Myers, Barnett, Porter and Wheelock, and all present company, never have recourse to prayer for any purpose whatever. At least for the object mentioned they seem inclined to depend more upon the X-ray, probe, knife and forceps. The early religious education of our modern surgeons must have been woefully neglected, for if you should ask them to repeat the Lord's prayer, in nine cases out of ten they would respond with:

"Now I lay me down to sleep, etc."

In these days of "Christian science" prayers *at two dollars per prayer*, it would be policy for our modern surgeons to brush up a little on the subject of prayer.

I can well remember when the peritoneum was considered to be too sacred and delicate to be touched by the surgeon's knife; when the removal of any abdominal organ was considered barbarous, and the surgeon who would be so rash as to attempt it would be subjected to prosecution for malpractice. Only in exceptional cases of ovarian tumor was the abdominal cavity invaded or for the relief of strangulated hernia. But, thanks to the establishment of the germ causation of disease, which rendered the results of former surgery so frequently fatal, septic infection following an operation is now the exception rather than the rule, and all manner of surgery is performed everywhere with the most happy results when strict antiseptic precautions are observed. Even the stomach has been successfully removed for cancerous disease.

Many a case of appendicitis formerly called inflammation of the bowels or typhilitis was allowed to die that could have been saved by the operation now performed for it. Indeed, so brilliant and successful has this operation become and so tempting to the young, ambitious surgeon, that many patients who have successfully submitted to it, lest they may be taken suddenly and unconsciously sick in a strange place, have each had tattooed upon his abdomen the announcement that his appendix has already been removed.

A similar announcement will not be necessary, of course, following the operation now growing in favor more among surgeons than their patients, for the radical cure of the enlarged prostate gland.

There is one direction in which the physician has made very little if any progress, and that is in the collection of his accounts. The public is yet inclined to look upon medical men as materialized ministering spirits or angels, not of this earth earthy, and therefore independent and in no need of its material necessities. In nothing has the education of the public been more seriously overlooked than in this particular, and it is high time that so erroneous an impression should be speedily eliminated from its mind.

While it is true that the practice of medicine is charitable and angelic in character, physicians and their families cannot long subsist on "angel food" alone. It might answer for fifty or sixty meals, but for a steady diet it becomes rather monotonous and attenuated, and ill adapted for the maintenance of a normal nutrition, physical or mental.

The physician, if paid at all, is generally the last in the list of creditors to be settled with, and his patient, in recounting his reverses to his friends, is certain to mention first a "big doctor bill," whether likely to be paid or not. "Big doctor bills" are great cards played upon the trusting grocer and baker. If "big doctor bills" are so common and as commonly paid it would be interesting to know what doctors do with their money, for very few of them become wealthy. If the doctor was paid as quickly as he is wanted to call when needed, the medical profession would offer more inducements to young men than it now does.

So rapid has been our progress in recent years that the standard medical books of only a decade ago are now comparatively ancient, serving only to remind us of our past errors. We are in the transition period from the medical fable of the past to the historic present, realizing that medical truth, like every other truth, has been of slow but sure growth, dependent upon the development of the human mind and upon the steady endeavor to understand natural law. The foundation of all natural knowledge was laid when the reason of man came face to face with the facts of nature.

I have no time to refer even briefly to the specialties of our profession; to anesthesia, bacteriology, to the advance in physiology, pathology, histology, chemistry, psychology, therapeutics, materia medica, surgery, to the laryngoscope, the stethoscope, the X-ray, the sphygmograph, the microscope, the ophthalmoscope, the spectroscope, to otology and ophthalmology; to electricity, electromagnetism, the laryngeal tube, the urethrotome, the obstetric forceps, the cranio-clast, the lithotrite; to antistreptococcus serum, antitetanic serum, tuberculin and liquefied air; to hypnotism, massage and magnetic healing; to salt water transfusion, to the Murphy intestinal button, to sanitation and public hygiene, to preventive medicine, to dietetics, to physical culture, to the treatment of the insane and feeble-minded, to the medical and surgical treatment of criminals, to the saving by the aid of antitoxin and intubation that class of cases of membranous or diphtheritic croup which heretofore invariably proved fatal; to the rarity of child-bed fever and cholera infantum as compared with the recent past; to the hypodermic syringe, the hot and cold bath, and, in short, to the advances made in every branch of the medical profession.

Hear, then, the conclusion of the whole matter: The mortality tables of America show that in the past twenty-five years the death rate has been reduced from 28 per 1,000 to 18 per 1,000, and that the mortality among infants or children under five years of age has been reduced one-third.

Progress is all around and about us. It is in the air. The spirit of free inquiry in every department of thought has grown till it can no longer be suppressed. It demands and insists upon plain answers to all questions of doubt that arise in the mind. Too long has the light shown in the darkness and the darkness comprehended it not. We are just beginning to discover how little we have known on various subjects. Progress did not stop with the discovery of the Copernican theory, or Newton's law of gravitation, or of the circulation of the blood by Harvey. The reproduction in speech and song of the human voice from the wax cylinder is no longer considered miraculous or marvelous. Had any person suggested, a few decades ago, the possibility of two

persons conversing with each other a thousand miles apart, he would have been hooted down as a crank and a lunatic. The consideration of this fact has rendered the public non-committal upon, if it has not induced it to entertain the present proposition to hold communication with the people of the planet Mars. It is remarkable how the hearty laugh of ridicule of the conceited skeptic has metamorphosed into a most insignificant, sickly smile, bearing a striking resemblance to an interrogation point. There is no telling what the twentieth century has in store for the human race. The world moves, and we should not forget it. Electricity is to-day completely overturning the science of mechanics. Astronomers are now engaged in recharting the heavens, as modern discoveries have rendered the old maps almost worthless. The discovery of the law of evolution has given to geology and biology a new and most intense meaning, completely changing man's thought about the world he lives in and himself. It is making a most profound impression upon theology, imparting to it a larger knowledge, a grander faith, and a brighter hope; and the discovery of bacteria is revolutionizing the science of medicine.

Gentlemen of the Graduating Class, on behalf of the faculty and your friends I congratulate you on your preferment. After four long years of college instruction, instead of two, as formerly required, you have passed the ordeal of rigid examination and have emerged victorious.

You now constitute the crew of a new ship to be launched upon the sea of medicine. We will omit the ceremony of breaking a bottle of champagne upon this ship lest you fall into the habit of frequent repetition of its observance, amended by a different disposition of its contents.

The members of no profession are more likely to contract habits of intemperance than physicians, general practitioners more especially. Irregular hours and meals, loss of sleep and constant mental worry and anxiety as to the results of their ministrations in the sick-room are not calculated to maintain a normal tonicity of either mind or body for any lengthened period, and hence recourse is unfortunately had to stimulants and narcotics, the effects of which are but transitory, delusive and injurious.

A canteen of strong tea or coffee or of

malted or fresh milk and a sandwich or two would not be a bad addition to the physician's armamentarium while traveling through the country, and would serve to tide him over many periods of physical and mental depression for which he is prone to seek relief in those deleterious agents which finally fasten upon him their relentless grasp. Unless more fortunate than the majority of young graduates, however, your regular hours for meals and sleep will not be seriously interrupted for some considerable period, but it is well to be posted on this subject in advance.

We advise you to enter upon your practice with confidence and courage—confidence in your qualifications and courage to make the practical application of your knowledge.

You will make mistakes; you would not be human if you did not. In all cases of doubt be careful to err, if at all, on the safe side. Mistakes are instructive and very impressive. I would personally prefer to employ a physician who had made mistakes than one who never makes any. Mummies never make any mistakes. Mistakes are signboards along the road to success. They are the danger signals indicating where the ice is thin. The biography of the successful physician records only his successes. These have not been so important in making him as have been his failures. I would give twenty-five dollars for a book recording only the mistakes and failures of the eminent, successful physicians of the past and present.

There is nothing which has a finer educative effect upon the physician than to be intensely mistaken in regard to some case he is treating. The process of recovery from a mistake is slow but effective. Mistakes are but the gratings of the machinery of evolution. Ultra conservatism in medicine and surgery never wins victories. It is the impossible that comes to pass when courage guided by intelligence wields the knife. Conservatism narrows and confines. It makes of mistakes a bogie man to frighten from progress. Experience, it is said, is a dear teacher, but dear teachers are always the most profitable. We learn the truth by finding out our errors.

We advise you to cultivate the graces so pleasing in the physician in the sick room and so well calculated to render even an incurable patient cheerful and satisfied

that the very best is being done that can be done for his recovery. Be true to yourselves, and you cannot be otherwise than true to your patients, your profession and your *alma mater*.

We have no objections to your cultivating a fine, handsome beard if you can, but don't have it photographed for constant appearance in the newspapers. It is in bad taste. Lovers of the beautiful may admire it, but, after all, the public is not so much interested in the beard or personal appearance of a physician as it is in his ability to treat disease, a fact which has been well illustrated within the past few years by those of our citizens who have visited a gentleman in the town of Larwill for professional assistance. I hear that some of those citizens have also consulted an individual in another town who diagnosticates the diseases of his patients without seeing them—merely by examining a lock of their hair. Verily, as Barnum so truly remarked, "the American people like to be humbugged."

You are aware that much thought is given at the present time to psychological subjects, and it would be well for you to keep abreast with it, for as physicians you will have to do with the influence of the mind upon the body, and *vice versa*. That psychology is now a recognized branch of science and related intimately to the science of medicine, although holding no place in the curriculum of our schools, is an established fact. Like all newly developing branches of science, however, it is heavily barnacled with error, fraud, humbug and delusion.

In regard to such clogs to the study of pure psychology as the so-called "Christian science," I would recommend you to become familiar with Mark Twain's seriocomic exposition of that fad as given in *The Cosmopolitan* for October, 1900. I know of no more humiliating reflection upon Christianity and science than this delusion.

That there is some foundation of truth for what is called suggestive therapeutics, or hypnotism, thought transference, telepathy, wireless telegraphy, animal magnetism, or other psychological or mental influence or impression, perhaps no experienced physician will deny. As regular physicians we have always practiced more or less mental therapeutics in the sick-room. We all know that the physician

may be ever so well qualified to treat the sick and yet if his patient has no confidence in him, if the brain of his patient does not vibrate in harmony with the vibrations of his own brain, if there is the least break in or interruption of the current of mental intercommunion between physician and patient or his friends and attendants, it must be restored or repaired, else a change of physicians will result. It is here where the influence of mind upon mind is required, or where the physician is obliged to "minister unto a mind diseased." How often do we hear the patient say that the mere presence of his physician makes him feel better, without any resort to special medication, and this is because of the psychological and magnetic influence that he unconsciously exerts.

As in a room filled with violins all tuned alike the striking of a single string on one of them will meet with a prompt response by the same string upon all the others, there must be mental harmony between physician and patient to insure the larger measure of success in the treatment of a given case. All brains throw off vibrations, as all strings, when extended, give out waves of sound; and as the string must have a corresponding string to receive its vibrations, so the brain must have a harmonial other's brain to receive its vibrations. Here we arrive at the source of all psychological influence, under whatever name it is received.

"An atmosphere more sublime than air
Pervades all matter, be it here or there;
No finite power its wrappings can disperse,
For its thin billows lave the universe—
Each portion linking to all other parts.
Whether stars, blossoms or responding hearts."

It is a pleasing reflection to note that in the grave of the nineteenth century will be buried many of its errors, scientific, moral, political and religious. Materialism, which may be said to have been one of the characteristics of the past century, and which has had so strong a hold upon the medical mind, is rapidly losing its influence upon the thought of the day. How our boasted incredulity and skepticism crumbles at the touch of a single solitary fact! As there is in the realm of the material that which is invisible to the unaided physical eye, so there is in the realm of the mental and spiritual that which is only discerned by lenses psychological.

" Like the stars by day,
Withdrawn from mortal eyes,
Yet holding unperceived their way
Through the unclouded skies."

As Prof. John Fiske and the Rev. Dr. Fay have so aptly said: " Precisely as in the most embryonic condition, the pre-figured wing of the bird or fin of the fish would infallibly indicate the element necessary to its life, so the whole analogy of evolution bears us with irresistible momentum to the conclusion that the religious nature and cravings of mankind are correlated with an unseen world." And so, under the open heavens as they are now read, in touch with the suggestive facts, forces and phenomena of nature, the grand old hymn—

" God is in His holy temple,"

has a meaning a hundred-fold grander and more uplifting than even the author of it could have dreamed. There is now an added significance to those well-known lines of Pope—

" All are but parts of one stupendous whole,
Whose body nature is and God the soul."

In the chemistry of nature it is not at all impossible that the dewdrop sparkling upon the opening bud or the snowflake gently alighting upon the withered leaf once traversed the circulating current of a Jesus Christ.

And now, finally, gentlemen, in the language of an unknown writer:

" Preserve harmony in your own souls, and it will flow out to others; for its effects are more powerful than you understand and more far reaching. Sink all thought of self, all personal ambition, the small jealousies and suspicions which mar the heart's melodies, in love of your work and devotion to the cause.

" Listen to the great song of love, compassion, tenderness, and losing yourselves in that forget those passing shadows. United, harmonious, your power is limitless—without them you can do nothing. See to it, then, that your tone in the great instrument be pure and clear, else discord will result. Back of all our pain, suffering and shadows there lie the divine harmonies of reality—those seek and finding, lose not.

" The divine harmony surges through your hearts in mighty waves will you but listen. In hours of meditation, seek it,

listen to it, it faileth never, and a power and a peace will be yours, unspeakable, divine. From this knowledge arises knowledge of things psychological, the gift of tongues and the heating fires.

" This is the song of life in which all nature joins. Reaching the heart of nature, we reach the heart of all; and therein read the most sacred mysteries of being. Fail nor falter not in the endeavor to hear this always.

" Remember that the cries of suffering and of pain which will so constantly reach your ears are but the discords which mar the finer music, and some day, in obedience to the great law of evolution, the whole grand symphony will be yours to listen to; hearing it first in your own hearts and thence in the heart of the whole world."

The Use of Oil of Wintergreen.

Rottnbiller (*Klin. Ther. Woch.*) finds that oil of gaultheria is a valuable adjunct with thermal baths in his treatment of different forms of arthritis. His belief is based upon the observation of 122 cases, the most being of the chronic polyarticular type. He finds that the pure oil is well tolerated by the stomach, and in most cases where it is disturbed it is due to impurities, as is sometimes observed in other oils. The artificial oil is apt to be purer than the natural one. He usually gives from six to eight grammes per diem in gelatine capsules, each containing one and one-fourth gramme, and in painful cases continues the administration through the night. His youngest case was aged six; oldest, seventy-eight. In cited cases nineteen, twenty-one to thirty, baths ten to fifteen minutes each were given in three or four weeks' time. In cases of anemia iron and arsenic were also given. Urine showed the test for the oil half an hour after administration, in some cases in twenty minutes. In ninety-seven cases of chronic polyarthritis only five had acute affection of the joints; 60 per cent. were due to influenza, 20 per cent. were hereditary, and the rest were due to traumatism. In three cases of arthritis deformans pain was relieved, but they were too far advanced to be cured. The oil being easily absorbed by the skin, when applied locally it gives relief to the affected part.—*Indian Lancet.*

VALEDICTORY ADDRESS.*

BY CHAS. L. BONIFIELD, M.D.,
CINCINNATI.

Ladies and Gentlemen:

The time has come for me to relinquish the honors and lay down the burdens of office. Custom has decreed that in so doing I briefly review the work done during my incumbency. Before proceeding to this, however, I wish to congratulate the Academy on having selected for my successor a man eminently fitted for the place by birth, education and experience. I wish to congratulate Dr. Dandridge on having been chosen to preside over such a band of willing workers, whom he will find responsive to his every wish.

I think it cannot be denied that the year has been a successful one. The average attendance has been sixty-eight, and fifty new members have been taken in. We have lost nine by death, removal and neglect to pay their dues.

It has been charged on the floor of the Academy that gentlemen have been elected members simply that they may vote at the annual election of officers. When I call your attention to the fact that no one can vote until he has signed the constitution, and that no one can sign the constitution until he has paid his dues, the statement needs no further refutation. These young men that have joined have not five dollars to pay for the privilege of voting for any one; there is no campaign fund, and no aspirant for presidential honors has ever offered to pay members' dues for them. When new members drop out it is not because they have accomplished that for which they were elected, but it is nearly always because they have not the money to spare with which to pay their dues. I well remember when I reckoned the annual dues as the price of a week's subsistence, and parted with it with a reluctance commensurate with its purchasing power. The way for these brethren to re-enter the fold when a wave of prosperity strikes them should be broad and easy.

The very efficient Committee on Programme, under the chairmanship of Dr. Beebe, inform me that they have had no trouble in securing the requisite number of papers, but, on the contrary, more have been offered than could be read.

* Delivered to the Academy of Medicine of Cincinnati, March 11, 1901.

Tuberculosis and cancer are subjects of such vast importance that it was thought wise to have them discussed in a more thorough way than they were likely to be by volunteer papers, so a symposium was arranged on each. When Koch discovered the cause of tuberculosis it was hoped by the laity and a large part of the profession that the discovery of cure would soon follow. Antiseptics of all kinds were tried, given by the mouth, by inhalation, by subcutaneous injection, by deep injection into the lung tissue, each drug and each method in turn to be discarded as useless.

When Koch's tuberculin was placed in our hands we felt that at last a specific had been found. But it has become recognized to be of diagnostic rather than therapeutic value. Murphy's immobilization of the lung by the injection of nitrogen into the pleural cavity did not appeal to a large number of the thinking members of the profession, and has not fulfilled the fond hopes of its inventor. The specific has not been found, but knowledge is always power, and many cases are prevented by our present knowledge of its cause.

The profession is realizing again that there are two ways of helping a friend fight a foe; one is to destroy the foe, the other to furnish the friend with ammunition and means of subsistence. Rest, fresh air and food for our tubercular patients always enables them to prolong the fight and often to win a victory. As the lamented Whittaker was in the habit of telling his class, "Were I attacked by this dread disease I had rather be an Arab and dwell in a tent than to occupy the throne and palace of a king!"

Dr. Joseph Eichberg gave us an admirable paper on the home treatment of this disease, and it partook of the hopeful tone of most recent communications on the subject.

The fact that so large a proportion of cases of peritoneal tuberculosis recover after abdominal section makes it seem not improbable that some surgical genius of the future will devise a similar method of treating the pulmonary variety of the disease.

Cancer is the most awful disease we have to treat. It attacks an ever increasing number of our race, and, as we know not its cause, we are powerless to prevent

it, and often helpless in its presence. As Dr. Fee told us in his paper on etiology, there are many reasons for believing it is a parasitic disease, but this has not yet been demonstrated, and investigators differ as to the probabilities of the parasite, if there is one, being animal or vegetable in character. Dr. Fee's paper was especially praiseworthy on account of the original work it reported.

As to treatment of cancer, there is no treatment worthy the name except the surgical, and that is far from satisfactory. Even when it attacks the breast, where its exposed position makes early recognition probable, and the anatomical relations make radical operative measures practicable, it comes back to claim its victim all too often. Dr. Conner's discussion of this branch of the subject was most interesting and instructive. In the treatment of cancer of the uterus, the organ most frequently the seat of the disease, the tendency has been to extend the limits of the operation; make it more and more radical. But it is doubtful if the sum total of human life has thus increased, for the immediate mortality offsets the gain in immunity from recurrence. The results obtained by Baker by high amputation of the cervix in pre-hysterectomy days compare very favorably with any obtained since with the more radical operation. Of course, this operation was only applicable when the disease was in an early stage, but this is the only time when hysterectomy really prolongs the patient's life. Hence the importance of early diagnosis, on which subject Dr. Miller read a very practical paper.

I cannot enumerate all the good papers read during the year, but must content myself with mentioning a few of them. Dr. S. P. Kramer's paper on the pathology of appendicitis was certainly one of extraordinary merit. Dr. Murphy's paper on the gross anatomy of the ear, the nose and throat, illustrated by a large number of beautiful anatomical specimens, deserves honorable mention. Dr. Holmes' paper on neuro-epithelioma retinæ was a comprehensive and carefully prepared dissertation on this rare disease. So many journals, special and otherwise, have printed abstracts on Dr. William Gillespie's paper on "Pregnancy and Labor Complicated by Cardiac Disease" that it must have merited a larger audience than heard it read.

The Academy is under obligation to Dr. Horace Whitacre for numerous demonstrations with the lantern.

Two distinguished members of the profession from the East accepted the Chair's invitation to address the Academy. Dr. Howard Kelly entertained a very large audience with a scholarly address on "Le Maire and the Early History of Antiseptics," and Dr. I. S. Stone, of Washington, read a paper on "Surgical Treatment of Cystocoele," describing an original operation which, in my humble opinion, is a distinct advance in the treatment of this troublesome condition.

During the year we have lost six members by death—Drs. Murphy, Whittaker, Judkins, Brown, Doerler and Palmer. One or the other of the first two had taught a majority of the members of the Academy, and their death left vacant places hard to fill. The Academy had a memorial meeting for each of them. Dr. Judkins was the first member to remember the Academy in his will. In view of this fact it seems to me the Academy should do more than take passing notice of his death. It should take immediate steps to secure a portrait of him to hang in its home when one is secured. Dr. Palmer was one of the young members who had already done good work in the Academy, and gave promise of a brilliant future. The whole Academy joined his parents and young wife in mourning his early death.

The constitution and by-laws are neither as complete nor explicit as they should be, and I hope a committee will be appointed by the Chair to revise them.

Accepting an invitation from the Academy extended through me, the Ohio State Medical Society meets here in May. Every member of the Academy owes it to himself, the Academy and the city of Cincinnati to do all in his power to make the meeting a success. I am a member of the Committee on Growth and Prosperity, and have a supply of blank applications for membership. I will be glad to furnish them to persons wishing to join, and if they so desire I will forward them, together with the annual dues, to the treasurer.

I wish to thank all the committees who have served under me for their faithful work. Dr. S. E. Cone, as Recording Secretary, has placed me under many obligations to him during the year, and I tender him my heartiest thanks; and finally, ladies

and gentlemen, I thank you all for your submission to my rule for a year and for your kind attention this evening, and I now take pleasure in introducing to you the President of the Cincinnati Academy of Medicine, Dr. Dandridge.

The Frequency of Appendicitis.

M. Championnière presented some observations at the meeting of the Academy of Medicine on the increasing frequency of appendicitis under its gravest forms. If that frequency had been so great formerly, it could not have escaped observation. The same reflection applied itself also to the appendicitis of pregnant women, of which a colleague had recently communicated three cases observed in a month, whilst he (the speaker) did not remember having seen one example during ten years.

M. Championnière thought consequently that if appendicitis was not absolutely a new disease, it was, however, something other than typhlitis or perityphlitis of our predecessors.

Besides, he believed that the increasing frequency of appendicitis was in itself due to the increase of the causes of infection of the intestine.

Without denying the relation of appendicitis with grippe, he was struck by the fact that the appendicular affections were especially frequent in countries where meat is consumed in large quantities, such as England and the United States. Another cause, too, was a limited use of purgatives, which, however, were the best means we have against intestine infection. Consequently, a more frequent use of purgatives should be recommended and less meat consumed.

M. Robin said that he was of the same opinion as his colleague as regarded the reform of the alimentary *regime* and the frequent use of purgatives, but he had found from personal observations that appendicitis was to be met with especially in persons who suffered for many years from dyspeptic troubles.—*Paris Cor. Med. Press and Circular.*

CACTUS will be found of benefit in sexual exhaustion, because of its tonic effect upon the cardiac plexus of the sympathetic.—*Med. Summary.*

APPENDICITIS.*

BY JOHN A. GRAFFT, M.D.,
HAMILTON, O.

I hope you will not be disappointed if I state to you that I did not come before you this afternoon to present anything new of treatment or surgical technique in this often debated subject.

Probably it may be of some interest, before entering into the subject, to know something of the anatomy of this appendage. Our anatomists locate the vermiform appendix as attached to the lower and back part of the cecum, which is itself (the cecum) the cul-de-sac in which the large intestine commences, depending upon certain conditions and causes. The human cecum is bent upon itself, the convexity forward and to the right, causing the base of the appendix to be turned upward, backward and to the left, and most frequently found to the inner side of the cecum and behind the ileum.

McBurney tells us we will find it in the right iliac fossa, two inches from the anterior superior spine of the ileum, and on a line from the spinous process to the umbilicus, or, as we may add, somewhere in that region.

The length of this organ is from two to six inches, and its diameter any fraction of an inch. The canal is various in caliber, and communicates with the cecum by an orifice, and sometimes guarded by an incomplete valve, and occasionally in the aged it is found with atrophied mucosa and an obliterated lumen, partially or in its whole length. The gland is well supplied with a great number of solitary glands, furnishing a fluid which is supposed to be conducive to the formation of concretions within the organ, dependent upon pathological conditions or changes.

The peritoneum forming the outer covering or true mesentery of the appendix with the nutrient artery proper in its posterior vascular fold.

The appendix derives its blood supply from the appendicular artery, a branch of the ileo-cecal, through the ileo-colic branch of the superior mesenteric artery, and its nerve supply derived from the celiac plexus. In the female the appendix receives an additional blood supply to

* Read before the Butler County Medical Society, March 8, 1901.

that of the male from the right ovarian artery.

An attack of appendicitis is dependent upon predisposing and exciting causes; often an appendix has suffered sufficiently from disease to be structurally changed, containing one or more strictures of the canal, and as a result it is more liable to inflammatory conditions.

Of diseases we may name tuberclosis or syphilitic ulceration, typhoid fever, dysentery, catarrhal enteritis and other acute diseases causing a partial occlusion of the circulation, all these influences rendering proper habitation for growth and development for bacterial infection or traumatic inflammation from offending foreign bodies.

It seems to be also a point of recognition that appendicitis is epidemic, as analogous to epidemics of tonsillitis, naturally inferring from this that there must be a similarity of lymphoid tissue in the mucosa of tonsil and appendix.

Nutritive influences dependent upon the lowered nutrient condition of this organ, resulting from evolutionary metamorphosis to total eradication, may be one of the prime factors in this disease.

Our pathologists point out to us the armies of invasion composed of the staphylococcus and pyogenes, but the most common warrior is the bacillus coli.

Age seems to have limited this disease somewhat, which is more frequently found from two years to forty-five, although a few cases are recorded occurring in the extremes of life. Race or color favors the negro in about one to ten of the white race. Sex also seems likewise favored in about four to one in favor of the female, probably because of anatomical differences.

With regard to symptoms most constantly found in the early manifestations of this disease, pain in the right inguinal region, associated with gastric trouble, especially vomiting; many patients also complain of fullness of the abdomen.

The varieties have been named as follows: Chronic relapsing and recurrent catarrhal, suppurative, perforative gangrenous. Some authors (Wharton and Curtis) call our attention to an appendicular colic which may or may not be associated with inflammation. Often the appendix may be curved, twisted, or contain strictures of the lumen, all of which will interfere with the expulsion of what-

ever variety of material may have made entrance into the canal. Action of the muscular coats in expelling the substance will produce the same offense to the nervous system as in renal colic from calculi or biliary colic from cholesterine bodies, namely, sharp distressing pain and vomiting, the cause in this case being purely mechanical. After such an attack we would naturally conclude to find more or less degree of sensitiveness in this region.

The catarrhal variety, which we are all more familiar with, is the result of infection of the mucous lining of the canal. Congestion, swelling and inflammation to various degress, over-secretion from stimulated glands, retarded or partially checked flow of secretion, by constriction about the neck or at any other portion of the canal, will naturally result in a painful dilatation of the body or at the apex of the appendix. With this condition we would not be disappointed to find a temperature of 102° or 103° , with rapid circulation—100 to 120 a minute. So if these conditions are fully understood we may believe the convalescence to be of comparatively short duration.

In the next stage of this disease we find the lesion or seat of disease more localized, with suppurative inflammation taking place through the mucosa, and usually at a point of constriction of the lumen or stricture. We not infrequently find several previous attacks of colic or catarrhal attacks before this condition of suppuration.

Traumatic changes from within to various degrees of destruction, planting the bacteria superficially or deep into the tissue, forming an abscess in the wall of the appendix, discharging a muco-purulent fluid, causing further distention of the walls of the appendix and forming a cavity, which probably involves the peritoneum, and if sufficiently intense will cause a plastic exudate, or on further continuance peritonitis and binding down of intestines to the appendix, and further tightening its constricting bonds and resulting in decreased blood supply to the already anemic and feeble tissue of the appendix. These conditions render the organ more liable to hazardous attacks. Should abscess form and become firmly encapsulated or rupture into the intestine, bladder or vagina, we all know what may be the result—much more favorable than a rupture into the general peritoneal

cavity, causing a general septic infection of the serous cavity.

The symptoms may not be materially changed from the catarrhal attack, except by those of more general septic symptoms.

Should there be a perforation of the appendix after the formation of protective adhesions, the escape of the fluids from the sack will be slow into the plastic connective tissue, and the case resulting in a periappendicular abscess, manifested by a doughy sensitive or even painful tumor in the right inguinal region and lower right lumbar region. We all know such an abscess or sack of pus will not be absorbed or satisfactorily encapsulated. With this condition at the head of the colon, constipation retarding the oncoming intestinal contents and traumatism influencing the pent-up appendicular mass, we would only be fearful to state the consequence aside from surgical interference, which, in brief, would be a plain incision into the free pus cavity and treated as such without further interference with adherent neighboring organs.

Where there is sufficient bacterial infection we are taught necrosis takes place in a mild or severe degree, or in direct proportion to bacterial development. This being the active cause, the natural result is gangrene of a part or a whole of the appendix. Often general septic infection of short duration will cause a speedy and fatal issue to the unfortunate individual.

Attacks of appendicitis may be relapsing or recurrent, and to a degree chronic in form, the result of former attacks, which were the primary cause of crippling or enfeebling the tissues of the appendix, and a more favorable media for propagation of micro organisms. The expressions in this case would usually be those of slight pain, nausea, vomiting at times and constipation the common rule.

The important question for the attending physician to decide to a degree of accuracy in the mind of the patient is what may be the termination of this trouble.

The question of variety must be decided; this once established, the result may be more easily prophesied.

The kidneys may be of more special expression than any other manifestation in demonstrating the proposition of termination of this disease. Large quantities of albumin would indicate the clogging

up of the kidneys from bacteria, and the elimination of albuminous urine in prospective surgical cases is well known to us all with reference to prognosis.

In discriminating disease of the appendix from gall-stones, purulent cyst of ureter, floating kidney or tumor of kidney, early beginning attacks of typhoid fever, tubercular peritonitis, malignant cecum or disease of right ovary and tube in the female, will give the diagnostician the opportunity of a Greco-Roman tussle—to be or not to be appendicitis.

The profession is pretty generally of the opinion that medical treatment is of no curative value, and after repeated attacks the only effective measure is to sever the offending organ.

As to the time most favorable for operation to be performed, the consensus of opinion is after one or two acute attacks, with symptoms of a recurrence at any moment, and at a time between attacks when the patient is in the best possible physical condition.

Health Conditions in School Life.

I have long felt that the teaching and the medical profession ought to be more closely allied than they have been in the great work of making the most of the rising generation. While it is the province of the teacher to equip the young mind with such knowledge as will be required in the coming life, and to impart such training and culture as will best fit the individual for the social sphere to which he may be called, it lies rather with the medical man to maintain health and vigor, and so promote full growth and development of the organism which is the recipient of that teaching and culture. The real and ultimate success of the teacher must depend, not only upon his own abilities, but also, and in greater degree, upon the organic condition of the material with which he has to work. One may as well expect to win the Derby with a weakly, ill-shaped horse as to win a prize in the great race of life with a body and brain in a like condition. No amount of cramming and training will get a strong mind out of a weak brain, and this brain physique must depend upon the health and vigor of the entire organism during the period of development.—STRACHAN, in *Edinburgh Med. Journal*.

OXYGEN GAS IN OPIUM POISONING.

BY W. P. ORR, M.D.,
FT. THOMAS, KY.

The writer of this article once witnessed a case of opium poisoning at the Cincinnati Hospital, which had a fatal ending. So long as the patient manifested any signs of life the physicians in attendance employed the usual remedies, and were unremitting in their efforts. In reviewing the incident it has occurred to me that the administration of oxygen gas, conjoined with artificial respiration, might possibly be of some utility in this particular and unfortunate class of cases, seldom encountered outside of city hospitals, where "quick action" is the rule and the means of resuscitation always at hand.

In opium poisoning, as in drowning, the immediate cause of death is the same, and just why magnetic induction is preferably used in the former and artificial respiration in the latter is one of those things no fellow can find out. In the case I saw, when the electrode was applied over the phrenic nerve the only result noticed was a tossing of the upper extremities, while the patient's breathing grew shallower and he slowly, but surely, passed to the "great beyond."

If in either or both cases I had to select one of the two measures mentioned, I would choose artificial respiration every time, and all the time. The writer recalls reading a paragraph in some one of the secular journals that a number of receptacles containing oxygen were stored at the Cincinnati Hospital, some of which had been used experimentally in the treatment of pneumonia, and it was this item that perhaps first suggested the advisability of displacing a deadly gas in opium narcosis with another, which is justly regarded as the life of the blood.

One other remedy theoretically indicated in opium toxemia is the intra-venous injection of the common salt solution, employed not tentatively, *cum grano salis*, but q. s., for life is a serious business, and admits of no trifling.

In this connection no invasion of chemistry's "metes and bounds" is contemplated, but numerous trials of late have demonstrated the value of salt in solution when forced into the circulation, and where carbonic acid is present (free or in excess) the supposition is not unreasonable

that some reaction might possibly result from absorption, and the sodium chloride changed to a carbonate. Unfortunately and for obvious reasons, no "clinical proof" is available, and I must per force appeal to my brethren of the "staff," should the subject ever come up (on the elevator) and is found to be *viable*.

The Painless Treatment of Cracks in the Nipple.

At a meeting of the Paris Obstetrical Society, a paper was read by M. M. Maygrier and R. Blondel upon the "Treatment of Forty Cases of Cracked Nipples at the Charite Hospital." They had dressed the cracks with orthoform, which brought about complete anesthesia during suckling and kept the cracks aseptic. The application of the powder causes only slight smarting. The infant was put to the breast a quarter of an hour afterwards and sucked eagerly, as orthoform has neither taste nor smell. The anesthesia persists for some time. M.M. Maygrier and Blondel made trial of orthoform powder alone, of orthoform followed by a moist dressing of boric acid, and finally with a strong alcoholic solution of orthoform dropped into the cracks. They considered this last method the best, for it caused no more than initial smarting, but it quite did away with infection of the breast, probably because the solution was able to penetrate into the recesses of the fissures.—*Lancet*.

It is a mistake to think that, in penetrating wounds of the chest, the lung has not been wounded because there is no difficulty of breathing. As a matter of fact, dyspnea occurs in only about one-third of the cases of penetrating wound of the lung, while it is very frequent in contusions, or as a consequence of fright following upon a sudden injury to the chest walls.—*International Journal of Surgery*.

UNLESS you count all your instruments before going out for an operation, and again when you repack them in your bag, you will lose a good many, and housewives may for years after delight in a pair of good surgical scissors or epilate their chins with your best thumb forceps.—*International Journal of Surgery*.

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SATURDAY, MARCH 30, 1901.

EDUCATIONAL REQUIREMENTS FOR ENTRANCE TO MEDICAL COLLEGES.

Medical educators of to-day are almost unanimous in the opinion that efforts to elevate the standard of the medical profession must go beyond professional requirements and must centre upon preliminary education.

An ideal professional standard can only be attained when none but men of liberal education are admitted to medical colleges, and it is in this line that future efforts on the part of the profession should be directed.

Much has already been accomplished in this direction, notably in the States of New York, Pennsylvania and Ohio. New York, being the pioneer in the matter, is still in the lead, while Ohio, although her law is of much more recent enactment, is considerably beyond Pennsylvania in her entrance requirements. A brief comparison of the standard of the three States named may place the matter in a clearer light.

NEW YORK.

Previous to 1889, no requirements.

From 1889-1895, an examination in arithmetic, geography, grammar, spelling, English composition, United States history and physics.

From 1895-1896, twelve academic counts equivalent to the first year of a four-year high school.

From 1896-1897, twenty-four academic counts equivalent to the first and second years of a four-year high school.

Since 1897, forty-eight academic counts equivalent to a full four-years' high school course.

OHIO.

Previous to 1896, no requirements, except such as may have been enforced by medical colleges which were members of the Association of American Medical Colleges, the American Institute of Homeopathy, or the National Confederation of Eclectic Medical Colleges.

From 1896 to July 1, 1900, the standard of minimum requirements of the Association of American Medical Colleges adopted and enforced by the State Board of Medical Registration and Examination, this minimum standard consisting of an examination in English, arithmetic, algebra, physics, and first year Latin.

The chief difficulty in the enforcement of this standard was found in the fact that medical colleges were permitted to conduct their own examinations for entrance, and while in many instances it is certain that the standard was upheld by the colleges, results seem to have indicated that the examination was frequently made to fit the candidate for admission, rather than the candidate made to comply with the required standard.

Since July 1, 1900 (Section 4403c of the Revised Statutes of Ohio): "In the application, as a condition of admission to the examination, he shall produce either of the following credentials: A diploma from a reputable college granting the degree of A.B., B.S., or equivalent degree; a diploma from a normal school, high school or seminary legally constituted, issued after four years of study; a teacher's permanent or life certificate; a medical student's certificate issued upon exami-

nation by any State board; a student's certificate of examination for admission to the freshman class of a reputable literary or scientific college; or a certificate of his having passed an examination conducted under the direction of the State Board of Medical Registration and Examination by certified examiners, none of whom shall be either directly or indirectly connected with a medical college; said examination to be held simultaneously in Cincinnati, Cleveland, Toledo and Columbus, and the questions submitted to be uniform at such places."

The standard for examination for entrance under the provisions of this law, adopted by the State Board of Medical Registration and Examination for the first examination, was as follows:

"1. Orthography. A sufficient number of words and of such character as will be a thorough test.

"2. English grammar. Embracing the parts of speech, rules of punctuation, the formation of possessive and plural, distinction of gender, classification and properties of verbs and analysis of sentences.

"3. English composition. Two compositions of not less than two hundred words each; one subject to be assigned, and the other subject to be elective. The compositions to be written by the student at the time of the examination. They should be criticised in relation to thought, construction, punctuation, capitalization and handwriting.

"4. Geography. Including some elements of physical geography.

"5. Rhetoric. Rules and uses of rhetorical figures.

"6. Latin (one year). The first year of the ordinary Latin course.

"7. Arithmetic. Such questions should be submitted as will show a clear knowledge of decimal fractions, percentage, compound numbers and square root.

"8. Algebra. Through simple equations.

"9. Physics. The questions to include the element of mechanics, hydrostatics, hydraulics, heat, electricity, and especially of optics and acoustics.

"10. Botany. Embracing the structures of plants and the principles of their classifications.

"11. United States history. Boundaries and possessions of the United States, history of the early discoveries, by whom and dates, mode of life of natives; form of colonial times down to the present; various wars from the revolution down to the present; causes of same; conditions that led to the Declaration of Independence; Federal Constitution, form of government, various administrations; dates of the most important events during each administration; growth and wealth.

"Applicants must obtain a general average of 75 per cent. Applicants failing to obtain a general average of 75 per cent., and falling below 55 per cent. in but two branches, may be conditioned in such branches, which conditions must be removed before the beginning of the second year in medical college."

Out of 103 who took the first examination, twenty-five passed without conditions, fifty were conditioned in one or two subjects and twenty-eight failed and were refused admission to medical college.

PENNSYLVANIA.

Present standard, an examination conducted under the direction of the Medical Council of Pennsylvania, in the following subjects: Arithmetic, geography, orthography, American history and English grammar.

Ohio's present standard, rated according to the rules and requirements of Regents of the University of New York, is equivalent to about thirty academic counts, or a little more than the first and second year in a four-year high school, and as compared with New York's standard is lower by about eighteen academic counts.

Compared with Pennsylvania, it is found that Ohio now requires all that is required by that State, and, in addition, rhetoric, Latin, physics, botany and algebra.

It will be seen from the foregoing that it required more than eight years for the State of New York to reach its present high standard, and that Ohio, since July 1, 1900, has been able to reach a standard equivalent to about two-thirds of that of New York.

Ohio should profit by the experience of New York State in this matter, and should as rapidly as possible educate her people in favor of a standard as high or higher than that of New York. A great advance in the right direction has been made, but much remains yet to be accomplished. Ohio's standard should from this time on be carefully and consistently elevated until it is inferior to that of no other State. This object cannot be successfully attained by laws and rules alone, but in order to be upon a firm foundation must have the support of the medical societies and medical profession, and this support should be in the direction of educating the people of the State to demand that none but liberally educated physicians shall be permitted to practice.

The people of any State may by such education be brought to compare the skilled physician or surgeon with the empiric, and when this comes there will be little or no employment for the uneducated pretender.

Let us urge that the State societies and the medical profession at large shall lend its hearty support to raising and maintaining a high educational requirement for entrance to our medical colleges, and with this support the highest object of all medical legislation will be promptly attained.

FRANK WINDERS, M.D.

A hot bath at bed time will relieve many cases of insomnia.

AN EXCESS OF OXYGEN THE TRUE CAUSE OF CONSUMPTION.

And now come those eminent *savants*, Robin and Binet, of Paris, and startle the medical world by the bold announcement that an excess of oxygen produces the protean manifestations of phthisis pulmonalis. We are assured positively that anti-septics and serums have done no good in consumption; in other words, that the treatment of the disease on a microbial proposition is a fraud and fallacy. So it seems, after all, that it is simply a rapid oxidation of the animal tissues that in individual cases causes the rapid waste of lung tissue especially, and produces an excessive exhalation of carbonic acid gas. The new test for phthisis is not microscopic, but chemical. Measure the amount of oxygen absorbed by the individual, and the excess will prove the consumptive predisposition.

If this proposition be true the climate cure for consumption, unless in a latitude where oxygen is not an excessive atmospheric agent, must be carefully reinvestigated. Personally we must still believe in the pure-air treatment as the one *par excellence*, when conjoined with proper diet and medication, for the relief of the intercurrent symptoms of a most complicated affection. Yet we will now calmly view the struggle that must take place between the partisans of the bacteriological laboratory and the purely scientific type of the laboratory chemist, who is more interested in gases and their effects on the human economy than in bugaboo germs and the manufacture and sale of alleged serum specifics that in a few months past have fallen into a most rapid desuetude.

The whole medical world will be in unity on one single proposition, namely, that consumption is a disease that is a universal disturber of the products of nutrition; that a condition of excessive waste goes on continually, and the effort

of the physician is to meet this waste and endeavor to stop the mysterious agency that produces the same. Is this agency an excess of oxygen gas, or its counter action, the elimination of a vast excess of carbonic acid? Meantime, it is a cheering evidence of the progress of the times to see that the microbe and contagion theories have received such a set-back. Yet it was evident to any mind familiar in the least with the history of medicine that microbial theories and specific serum medication would have a set-back in the very laboratories in which the theories had an origin. No fad in medicine can ever last long; it is only the truth that is eternal, and, sad to say, there has been little real truth in medicine from the times of Hippocratic dogmatism. If the theory of the Father of Medicine prevailed for many ages, only to be upset by Themison, Thessalus and a host of methodists and empirics, who can wonder? It required a very learned Galen to reestablish Hippocratic doctrines, and he, in turn, has been so altered and changed by time that even Hippocratic medicine, as it rests on its modern pedestal, would scarcely be recognized by Hippocrates and the later Galenical medicine.

Man will ever strive to solve the unknown and mysterious. As that great American writer, Doctor Stillé, once remarked, opium has been known for hundreds of years; thousands of learned articles have been written on the drug, yet no man has ever been found who could tell *truthfully* why opium produces sleep. It is the same with disease; while modes of propagation may be pointed out, but few causative agents have been discovered. We know overcrowding will produce typhus and segregation alone will wipe out its spread. We know something of soil contamination and bad water, but no more than Hippocrates has so clearly and succinctly enunciated. There has never been but two varieties of specifics discovered, *i.e.*, mercury and the teneffuges.

But this is digression, and of no interest except to those who have studied medical history in its various ins and outs, and can afford to cast a broad mantle of charity over the vagaries and pretensions of men of all medical sects. The successful practitioner is not the man who experiments with every new remedy on the occasion of the rise of a new fad or alleged theory. Robin and Binet are both gentlemen who can hold their own with the best scientists of Europe. In making their bold declaration that an excess of oxygen produces consumption, they have thrown down the gauntlet to the whole school of modern microbians. The latter have absolutely failed to either prove their doctrines or cure their patients, and there are reasons for believing they have done an infinite amount of harm to the entire world at large. Meantime, if anything of a more startling nature appears on the European medical scene, we will cheerfully furnish the *LANCET-CLINIC* readers with the translations of Robin and Binet's new views.

T. C. M.

WHEN a patient has been very badly injured, remember that a condition of buoyant hopefulness is an indication of shock rather than of vitality, and do not let it lead you into the idea that the case is one favorable for operation. Count the pulse and investigate the temperature of the skin. The chances will be that heat and stimulation are needed.—*International Journal of Surgery*.

E. J. DENNIS, M.D., Chicago, Ill., states: "Had very obstinate chronic tubercular sore throat; tried everything; fell back on Glyco-Thymoline (Kress); after four or five days laryngitis disappeared and cleared up well. Patient could hardly eat when he first saw her."

SAN-METHYL IN URETHRITIS.—I am much gratified with the results from San-methyl in a case of specific urethritis of several weeks' standing, hastening the discharge considerably and mitigating the distressing symptoms attending such troubles.—P. I. HOPKINS, M.D., Centreville, Ala.

See Grape Capsule Co. adv. on page xii.

Current Literature.

Atrophic Cirrhosis.

Prof. Picot, of Bordeaux, has recently published an exhaustive article on the "Etiology of Atrophic Cirrhosis," of which I give a summary: From the most remote period the malady which we know at present under the name of atrophic cirrhosis, and of which Laennec first and Bright afterwards described the microscopic lesions, was attributed to the abuse of alcoholic beverages. The Greek and Roman doctors recognized the morbid influence of these beverages on the liver. In 1579 Fernel spoke of the action exercised on the liver by wine taken in excess, and Vésale remarked the frequent atrophy of the liver in hard drinkers; while Morgagni described, in the same subjects, the granular condition of the organ, and even the obstruction by compression of the intra-hepatic veins. But that idea of the alcoholic origin of atrophic cirrhosis was to be found especially formulated in the work of Bright. Out of seven cases of liver affection reported by him, there were five incontestable examples of cirrhosis. The hepatic lesion was really an atrophic cirrhosis, as the symptoms were of the classic kind: Abundant ascites, rarity and concentration of the urine, hemorrhage, etc. Since Bright all clinicians have admitted the pathogenic action of alcohol on the liver. But a question arises are all alcoholic drinks capable of producing cirrhosis, or are there some more apt than others to create the affection? The question is very important, as in these last years it has been the subject of frequent discussion. I will give here the result of my personal experience. I have had in my hospital practice over one hundred cases of cirrhosis, and in my private practice about thirty. In the immense majority of these cases the patients drank freely all kinds of alcoholic preparations. However, I met with two cases of cirrhosis where the patients only drank wine, one twenty quarts a day and the other twenty-three. I treated in the hospital a woman who, on the contrary, drank no wine, considering it did not keep her up sufficiently, but consumed a pint of brandy

(*Eau de vie*) in the twenty-four hours. She died in the hospital from atrophic cirrhosis. I knew in my student days a classmate who was a great amateur of beer; he drank from twenty-five to thirty pints a day. He succumbed to cirrhosis after being tapped a number of times. Consequently, from my personal experience, I consider that all alcoholic drinks taken in excess are liable to produce cirrhosis.

However, I am aware that some of my learned *confrères* are not entirely of the same opinion. M. Potain, for instance, considered that those alcoholic liquors charged with aromatic essences were peculiarly liable to produce cirrhosis when taken in small and repeated doses when fasting. M. Lancereau, on the contrary, was of opinion that atrophic cirrhosis was chiefly produced by excess in wine, especially when that liquid was adulterated with potash salts. According to Alison, alcohol in itself was not alone to be incriminated in the production of cirrhosis; there existed other causes predisposing or efficient: Sedentary life, arthritism, sclerosis of the kidney, lungs, spleen, etc. As for M. Kabanoff he recognized the influence of syphilis, paludism, rheumatism, damp lodgings. The same idea of predisposing causes was expressed by Siegenbeck and Rolleston, and Scaliosi considered that alcohol was not capable, alone, of producing cirrhosis, but when it found a ground more or less prepared by irritating lesions of a previous malady, it became the cause of this special alteration of the hepatic tissue. M. Lafitte in his *thèse* said: "Without denying the rôle of spirituous liquors in the production of hepatitis, we think that this rôle has been exaggerated, especially as regards atrophic cirrhosis, which for the majority of authors is exclusively provoked by the abuse of alcoholic drink. The state of the gastrointestinal tract should be noted with care in all cases of atrophy of the hepatic gland. Inflammation, and above all ulceration of the gastric mucus, in opening a door to micro-organisms contained normally or accidentally in the stomach, can affect the liver and provoke the irritating phenomena in the perilobular spaces. I might cite other authorities on the same subject, but will conclude by saying that atrophic cirrhosis has ordinarily for origin alcoholic excesses, but that it can also be

produced by auto intoxication consecutive to gastro-intestinal lesions."—*Paris Cor. Med. Press and Circular.*

Intra-Abdominal Pus and its Treatment.

At the Doctorum Collegium Schnitzler gave a long lecture on the dangers and importance of diagnosis of pus in the abdomen, which required speedy and effective treatment by the surgeon. Intra-abdominal purulence, he avowed, had brought many a sacrifice to Lethe, and to prove this he referred to the statistics of the "K. K. Krankenhaus." In 1897 no less than 375 of these purulent cases were admitted into this institution, 93 of which died even with the most favorable attention. In 1896 there were 348 admitted, 73 of which died. In the same institution for the two years named, 375 cases were treated for epityphlitis, of which 71 died. From 14 subphrenic abscesses 11 died; from 16 hepatic abscesses 11 died, and from 34 cases of pus in the gall passages 21 died. From these figures it must be generally admitted that the mortality is far too high, and this can only be accounted for by the lateness of operating or by the difficulty of diagnosis.

The present classification of abdominal diseases next came under his critical displeasure. There were two in particular that should be clearly defined, viz., the perforation of an internal organ, such as the stomach, bowel, etc., and the perforation of an abscess into the peritoneal cavity. The latter was certainly the more dangerous to life when operated on, although spontaneous recovery is more common in the latter than the former; hence the necessity of immediate action in the rupture of any internal organ, such as the intestine, etc., while the rupture of an abscess can be delayed 24 or 36 hours for further consideration if spontaneous recovery be possible. The diagnosis of these cases is often obscured and complicated by a circumscribed purulent centre in the peritoneum, which keeps up a constant irritation of the serous membrane. While in purulent progressive peritonitis an operation is justified by surgeons, in peritoneal irritation, or sympathetic (serous) peritonitis, laparotomy is held to be contra-indicated as a dangerous undertaking.

Before all such operations are undertaken a drop of blood should be carefully

examined for leucocytosis or the glycogen reaction.

Concerning the operation itself there was little to be said, as circumstances much modify details. On the general principles there is a diversity of opinion, but to be thorough, total eventration and careful washing of the bowel, with subsequent drainage, seem to be generally accepted as proper surgical treatment.

Circumscribed or local abscesses may require less extensive interference. Epityphlitis or subphrenic abscess from an extension of the latter may be more accessible by the rectal or perineal passage, such as through the pouch of Douglas, etc. The opening of such an abscess as this by an incision into the anterior portion of the abdomen would be foolhardy, as mutilation and poisoning of healthy tissue would have to be accomplished before reaching the morbid structure.—*Vienna Cor. Med. Press and Circular.*

Bodily Effect of Emotions.

Many serious maladies have been attributed to the action of moral influences. Sennert believed that fear was capable of inducing erysipelas. Hoffman also made fear and the consequent adynamia play an important part as a predisposing cause in contagious disease. Dr. H. Tuke laid special stress on the influence of fear in the contagion of rabies, and, in fact, there are innumerable cases on record of emotional patients who suffered all the pains and inconveniences of numerous maladies inaugurated solely by emotional disturbances. Depressing emotions frequently appear to play an important part in the development of tuberculosis. Puerperal fever is also encouraged by depressing moral emotions. "I have often," says Mr. Hervieux, "seen young women in a fair way of recovery hurried into mortal illness by reproaches or mental agitation from whatever cause." This view finds very general support among the members of the profession. The emotions also play an important part in the evolution of diseases following surgical operations. The facts observed under this head are apparently in harmony with modern theories as to the cause of contagion and of immunity of infectious disease. On one of these theories, the mesodermic cells, and particularly the white corpuscles, are charged

with the function of protecting the organism against the invasion of disease microbes. We know that these leucocytes or phagocytes, as they are variously termed, possess the power of sending out prolongations, and of enveloping the object of their attack. In this way they destroy the invading foes by a process of real intra-cellular digestion. Now, dilatation of the peripheric vessels occurs in asthenic emotions, as is manifested by the ruddiness of the skin, increase of volume of circulation, contraction of the blood vessels, and a condition unfavorable to the activity of phagocytes.

Astheno-emotions may thus be regarded as corresponding in their action to traumas, chill, fatigue, inanition, loss of blood, etc. It is not merely that the condition of the vessels changes under emotional disturbances, but the phagocytes themselves exhibit the influence of the changed conditions in apparent loss of vitality, with corresponding loss of the property of being attracted to the invading microbes or the products of their secretion. It has been observed, too, that under defective conditions of nutrition, as well as after nervous excitement or emotional disturbance, the liability to infection is greatly enhanced, and this appears easily explicable on the theory that the whole organism is, under such conditions, impregnated with a poison sufficient to engage all the activities of the leucocytes, to the neglect of the invading foe. The influence of the emotions on infection is, moreover, susceptible of direct experimental demonstration. Having under my care a number of feeble-minded persons capable of taking interest in a monotonous exercise, I made use of them to try the effect of fear upon a considerable number of small animals—pigeons, rabbits and white mice. Both the frightened animals and others which had been left at rest were then inoculated with cultures of pathogenic microbes—carbuncles, chicken cholera, pneumo-enteritis and Fraenkel's pneumococcus. In all the experiments, without exception, the other animals were the first to succumb, if the cultures were violent enough to cause death, while if the cultures were attenuated only the frightened animals died. We have seen animals little susceptible to an infection succumb to it readily under the influence of fear. Moral shock is in reality equivalent to a cerebral com-

motion, and without forcing analogies too far, it is easily comprehensible that it is capable of provoking cerebral lesions.—*Indian Lancet.*

The Passing of the Prescription.

Is it a fact that there are less prescriptions written now than formerly, and that the practice of physicians to dispense their own medicines is increasing?

I think it is generally conceded that there are a very much less number of prescriptions written at the present time, than there were ten, or even five, years ago. Many interviews with druggists in various parts of the city have confirmed my belief in this statement. One druggist says: "I hardly ever get a prescription nowadays, as all the doctors in this neighborhood carry their medicines in the form of tablets." Many others made substantially the same answer. Still others acknowledged the fact that the decrease in number of prescriptions has steadily progressed for several years, but instead of ascribing the cause to the use of tablets and granules, they thought it was because the use of all drugs was rapidly decreasing—that physicians were prescribing fewer drugs than formerly.

Agents for the manufacturers of tablets have statistics to prove that the use of these remedies, and the dispensing of the same by the physician himself, is very largely on the increase, as evidenced by the enormous increase of their sales during the past three or four years.

Admitting these facts, what are the reasons for the passing of the prescription? My answer is, that it is for the benefit of both the physician and the patient. First, for the patient, which should be our first consideration; he is given something for his relief at once, not being compelled to go a greater or less distance to a drug store and wait for the compounding of a prescription, which in many cases might cause serious results. While a physician is not infallible, there is less liability to mistakes than where a prescription is compounded by a druggist. The patient generally likes the idea of receiving his medicine direct from the physician in whom he places the utmost confidence, and also because it saves him the extra expense of a drug bill.

Another evil that is avoided by the phy-

sician dispensing his own medicines, is that of substitution. There are very few of the profession who have not been annoyed, to put it mildly, by the practice of some druggists to substitute other drugs than those specified in the prescription. One druggist frankly stated that he did not call it substitution to make use of any reliable drug in a prescription, even if a particular manufacturer's product was specified. Others are not as honest, and make the substitution, at the same time insisting that everything has been put up as written.

I desire to emphasize the fact that a large proportion of druggists are honest and conscientious in compounding prescriptions, and in case they do not have the specially prescribed ingredients, will take pains to procure them before delivery.

It is desirable both for the patient who takes, and the physician who dispenses, the medicines that there should be accuracy of dose, as well as elegance of appearance of drugs used, and both of these qualities I believe to be present in the various tablet and granule preparations.

The frequent and unauthorized repeating of prescriptions is avoided when the physician dispenses his own medicines. This is a practice which deprives the physician of many dollars which rightfully belong to him, and in many cases is a detriment to the patient, who diagnoses his ailment as being "exactly the same" as when the prescription was written for him or some friend, on a previous occasion. Prescriptions are very often looked over, commented upon and copied by other physicians. They are also sometimes a source of profit to the druggist, and corresponding loss to the physician, by reason of prescribing done by the druggist, who will frequently duplicate some prescription which he knows has been used with good results by the physician who prescribed it.

A large number of druggists prepare and put upon the market numerous remedies which they advertise in every possible way, either by distributing samples through the neighborhood, or by recommending their particular preparations in preference to others which are asked for, or even in some instances of telling a patient that they have a better remedy than the prescription of a physician which he had brought to have filled.

If the physician dispenses his own drugs, inquisitive individuals cannot learn "who is sick," or "what is the matter with Mr. or Mrs. So-and-so." He has a perfect control of his business and patients.

It is for the pecuniary benefit of the physician to dispense his own medicines. One recently said that he never used to dispense any medicines at all, but upon deciding to adopt the plan, he could say that his income from his office practice doubled during the first year. I have received similar testimony from several others. I believe it is far more preferable to make use of, and dispense, drugs prepared in the tablet and granule form, with definite strength known, than to prescribe tinctures of whose strength we are usually ignorant, not knowing whether the tincture are fresh, or how long they have been exposed to light, heat, cold or evaporation. The tablet or granule from which the best results are obtained, are those which represent the active principle of the drug, and not those which purport to contain a certain number of drops of a tincture.

We should aim to avoid polypharmacy so much as possible in the selection of the tablets and granules. The tendency of the older practitioner of to-day, is, I believe, towards simplicity, and the avoidance of unnecessary drugs.

My conclusion of the matter is that the prescription is gradually passing, and that the result cannot be otherwise than beneficial to both physician and patient.—JOHN C. WEBSTER, M.D., in *Clinical Review*.

Cysticercus of the Brain.

At the Society for Psychiatry Hr. Geelvink related some cases met with in the course of autopsies performed during recent years. Such cases were not infrequent, and in many the number of worms was enormous, up to as many as 400. In one of the cases the situation of the cysticercus was unusual, in the second the form was unusual. In the first case the number was enormous. The median of the right temporal lobe contained a cavity. On excising this a clear yellowish fluid escaped under high pressure, and at the same time a white, veil-like membrane became free. Microscopical examination of the membrane showed the usual form of tenia solium.

The second brain showed a peculiar formation like berries or grapes. They were tubes several centimetres in length. In the spinal marrow were quite a number of such formations, some ordinary formed worms for the most part calcified. Of the condition under which such formations were developed nothing was known.

Out of 1,200 sections *cysticercus* was found nine times. In other institutions the percentage had reached two. It was interesting that *tenia solium* became gradually rarer. Of the nine cases four of them were born in the first quarter of the last century, three others in or before the middle of it. *Tenam solium* was then more frequent.

As regarded diagnosis, four of the cases were distinct from the others, as in them no symptoms whatever were present. In one of the other cases *lues cerebri* was suspected, as syphilis had been present. Multiple softening was supposed to be the cause in two other cases. In the two remaining cases senile dementia was supposed to be the cause, although other symptoms were present. In one woman several attacks of aphasia occurred during the course of twenty-four years. At the autopsy *cysticerci* were found in the left third frontal convolution.—*Berlin Cor. Med. Press and Circular.*

Spices as a Cause of Cirrhosis of the Liver.

The uses of spices and condiments is often incriminated as a fertile source of gastric irritation in this dyspeptic age, and it is one of the first points to be investigated by the careful practitioner in affections of the stomach. It remained for Dr. Tinozzi, an Italian physician, to demonstrate by actual experiment that their abuse will, of itself, determine cirrhosis of the liver, a condition usually associated with the abuse of spirituous beverages. His observations bore mainly on ordinary, and the so-called cayenne pepper, which he administered to dogs and rabbits, either alone or together, for long periods of time, extending in some instances to upwards of twelve months. In the dog the ingestion of even comparatively large doses of these substances did not prevent a gain of weight, but when killed well-marked changes in the liver-cells were found, these having undergone necrosis similar to that

produced by phosphorus. In the rabbit, on the other hand, he invariably observed a tendency to emaciation which bore no obvious relation to the amount of pepper administered or the duration of the experiment. In these animals, also, the liver structure was the seat of grave lesions taking the form of interstitial hypertrophy, that is to say, the usual lesion of chronic cirrhosis of the liver. We may infer from the results of Dr. Tinozzi's investigations that pepper exerts an irritating and degenerative action on the liver substance and a sclerosing effect on the liver stroma, identical with that brought about by alcohol and certain other poisons. The author is careful to point out that the doses employed were not unduly large, not exceeding from one to five grains daily for the rabbit and from one to eighty grains for the dog, quantities which *pari passu* are not greater than people are in the habit of taking in certain parts of Italy, in India, and other hot climates. It must be borne in mind that quantities insufficient to determine the well-marked lesions met with in the animals subjected to these experiments may nevertheless determine similar lesions in a modified form, and thus pave the way to the development of hepatic cirrhosis later on.—*Med. Press and Circular.*

FOR the many forms of inflammation with which the general practitioner is coming in daily contact, he usually prescribes poultices of any kind, or their equivalent—something to supply heat and moisture. Any physician in practice for any length of time has felt keenly the need of something, ever ready, that would in a satisfactory manner supply these ends. Many are, and all ought to be, familiar with Antiphlogistine and its uniqueness. Applied liberally and warm, say at 101 degrees Fahrenheit, and it retains or maintains that heat, within a degree, for usually twenty-four hours, or until the moisture in it has pretty well disappeared, which fact can be verified at any time by slipping a clinical thermometer under the dressing. Yes, the medical properties of Antiphlogistine seem to enter the circulation and stimulate its activity through the process of endosmosis, and there never was endosmosis without exosmosis; the latter process, which goes on to a marked degree, tends to flush and deplete the capillaries, and therefore relieve the congestion and consequently the pain in parts deeply seated. Those of our readers not familiar with this preparation would do well to investigate it, for its unique capabilities make it invaluable.

Translations.

MEDICINE AND MORALS OF ANCIENT ROME ACCORDING TO THE LATIN POETS.

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

I.

*Lyric, Elegiac, Epic and Didactic Poets
—Ovid, Horace, Catullus, Tibullus,
Propertius, Virgil, Lucanus and Lucretius.*

LUCRETIUS.

Lucretius belonged to one of the greatest families of Rome; he descended, it is said, from Spurius Lucretius, whose daughter, the celebrated Lucretia, was violated by Sextus, son of Tarquin, the Superb. He was the contemporary and friend of Cicero and Catullus. He committed suicide at the age of forty-four, in the year 55 B.C.; his self-destruction was the result of jealousy of his mistress, followed by melancholia.

His poem, in six books, "De Rerum natura," is a treatise, in verse, of physics, metaphysics and physiology. In his philosophy he very nearly approaches modern positivism. He was the enemy of superstitious ideas, and he informs us that he became anti-religious because he perceived that religion was being used in political service (as at the present day), and that it continually approved of the crimes committed by the ruling government.

How can a scientific work be presented in the form of a poem? Lucretius answers this in his first chant made to his friend Memmius:

"Learn," says he, "the truths I am about to teach you. I am not ignorant of the fact that they are obscure, but the hope of glory incites my courage and throws into my soul all the passion of the Muses—that enthusiasm, indeed, that raises one to Parnassian heights, to the spot interdicted to ordinary mortals. I love to draw from its mysterious sources; I love to gather new blossoms, and to enthrone around my head that brilliant crown with which the spirit of poesy adorns

every true poet; first, my subject is grand, and I free all men from the yoke of superstition; afterwards, because I cast rays of light on most obscure matters, throwing the graces of verse over a very dry philosophy. Am I not right? I do like good doctors, who would fain make children take absinthe. I take off the bitterness of wormwood with pure honey floating on the cup, to the end that lips seduced by this sweet deceit swallow without wincing the darkened beverage—a happy artifice that gives back to young limbs the vigor and health of youth again.

"Sed potius tali facto recreata valescat."

Thus the subject I treat of, being too serious for those who do not reflect, and repellent for common men, I take the language of the Muses, correct the bitterness of philosophy with the honey of poetry, hoping that, seduced by the charm of word harmony, to make men have from my work a profound knowledge of nature."

Now, this profound knowledge of nature, according to Lucretius, resides in the hypothesis of atoms, that are endowed with very rapid movements, very nearly perpendicular in action, but never parallel. He discusses and refutes the system of Anaxagoras, according to which the bones are formed of a certain number of smaller bones, the viscera of a certain number of smaller viscera, the blood of a collection of many smaller particles of blood. We see from this how really near our poet came to the accepted ideas of moderns.

"Ossa videlicet e pauxillis atque minutis
Ossibus, sic et de pauxillis atque minutis
Viceribus viscus gigni, sanguemque creari
Sanguinis inter se multis cœuntib' guttis."

In a word, according to this theory, all bodies are composed of a collection of smaller similar elements, that which Lucretius only admits, for him each organ is formed of foreign material.

The corollary of this atomic theory is contained in the axiom, "Nothing comes from nothing, nothing returns to destruction."

"At neque recidere at nihilum res posse, neque
autem
Crescere de nihilo, testor res ante probatas."

"Besides," adds he, "since foods increase the body and nourish, it necessarily follows that our veins, blood, bones and

nerves are formed of heterogeneous particles."

"*Praeteria, quoniam cibus auget corpus alitque
Scire licet nobis venas, et sanguem, et ossa,
Et nervos alienigenis ex partibus esse.*"

The ideas of Lucretius have been taken up in modern days by Dr. Buchner.¹ The intervention of creative force is useless, according to our poet, to explain the phenomenon; and force inherent to matter, according to the second, for it is only one of its properties, and divinity itself, according to Lucretius, cannot draw the existent from destruction.

"*Nullam rem e nihilo gigni divinitus unguam.*"

In other words matter exists because it exists, and force is only manifested because atoms produce it. But what of its movement? It cannot be explained, since matter is inert, and the force it exhausts in itself is also under its dependence, and, consequently, deprived of intelligent action.

Modern materialism is still at the same heights as Lucretius; it pretends to wish to resolve questions of the highest philosophy by the processes of scientific positivism. How will this adaptation of laboratory revelations agree with our psychological studies? To deny the soul and consider the human species endowed with instinct similar to that of fish and birds. This error reappeared even among the pupils of Augustus Compte and positive philosophy. However this may be, the reading of the works of Lucretius can only be of great interest for the modern medical public, and they should be carefully analyzed.

We find this ingenious comparison of life; an immortal fire that is transmitted from being to being, from generation to generation. "Thus," says our poet, "the elements are never fixed; the universe is renewed every day, and mortals lend themselves to the lives of the moment. We see some species multiply, others decrease; a short interval changes generations, and as at the races of the sacred plays, we pass from hand to hand the very torch of life."

"*Nec remorantur ibi; sic rerum summa novatur
Semper, et inter se mortales mutua vivunt.
Augescunt allae gentes, allae minuantur,
Inque brevi spatio mutantur soecula animantium,
Et quasi cursores, vitai lampada tradunt.*"

¹ Buchner: "Force et Matière."

He continues: "Life is only supported by the efforts of nature for a determined period; it rests a moment in equilibrium and disappears when nature puts a check on its increased duration. In fact, the body that slowly and progressively elevates itself to the condition of maturity acquires more than it dissipates, as then all the substances of the food circulate with ease in the veins."

"*Dum facile in venas cibus omnis diditur.*"

"We must admit that our bodies make considerable losses, but such losses are repaired with usury up to the time of their increase.

"*Nam certe fluere ac decadere corpora rebus
Multa, manus dandum est; sed plura accedere
debent,
Donicum olescendi summum telegere cacumen!*"

"Thus, the forces are insensibly lost, vigor is exhausted, and the animal being goes on declining."

"*Inde minutatim vires, et robur adulturn
Frangit, et in partem perjorem liquitur aetas.*"

"The alimentary juices no longer are spread in their entirety nor with ease throughout the veins, and nature is not rich enough to repair the flow of material that unceasingly escapes from the body of the animal. It is necessary, then, that the machine should perish, being weaker against exterior attacks, for nutrition is no longer strong in old age and has no longer the strength to struggle against the morbid influences that assail it."

"*Nec tudi tantia rem cessant extrinsecus ullam
Corpora conficere, et plagis infesta domare.*"

"Thus," adds Lucretius, "all bodies have need to be repaired and renewed by aliment and the nourishing juices that sustain the entire edifice of the human machine. But the mechanism cannot endure eternally, because the nourishing canals are not always in a condition to receive as much subsistence as is necessary, and nature cannot always keep up repairs."

Would any one believe that such a page on animal nutrition could have been written almost two thousand years ago, and by a Latin poet? Here we find a very good expression of the circulation of the products of digestion in the veins, food serving to repair the machine by

nourishing juices to sustain the edifice. But this is nothing else than the fact of the nutritive liquid of the plastic lymph, that passes outside the walls of the capillary vessels by transudation, to moisten and nourish all the tissues. The knowledge of these phenomena appears truly extraordinary in view of the complete ignorance that the pupils of Epicurus were in of the double sanguinary circulation, and consequently of the tension of blood in the vessels repairing and regulating the outpour of nourishing liquids.

Lucretius often shows himself to be a profound observer in his poems, a physiologist and even a pathologist. In his fourth book he endeavors to explain how exterior objects act on the mind through the intermediary of the senses. He admits that all our sensations are produced by invisible corpuscles, that he calls "*simulacres*," a sort of membrane detached from the surface of the body that are introduced into our organisms and variously impress the mind. The "*simulacres*" are of inconceivable tenuity and subtlety, and divided into several classes. One of the latter is thus described:

"Primum animalia snnt jam partim tantula,
eorum
Tertia pars nulla ut possit ratione videri."

"What shall we think, then, of their intestines, heart, eyes, limbs, articulations? What fineness! How can we even conceive of a tissue as subtle and as delicate?"

What discoveries would this idea have led the ancients to had they but known the microscope? Is there not in this a vague intuition of microbes, microzymes, of the infinitely small, the medical fad of to-day?

Matter likewise produces, according to Lucretius, certain emanations that are the "*simulacres*" or images of a particular species. The surfaces of all bodies incessantly emanate corpuscles, and it is through these that vision is produced, for they not only lead us to judge of color, of the size of figures and objects, but even their distance and their movements. This theory of Lucretius is as good as any other, and perhaps the eminent Professor Crookes (of London), the author of the fourth state of matter, may find therein something closely akin to his discovery.

Lucretius explains the sensation of

sound in the same manner. The corpuscles strike on the organ of hearing, and when they are fashioned by the tongue and lips they form words; when they are supercussed or reverberated by solid bodies—by rocks, for instance—we have echoes.

These same corpuscles, acting on the tongue and palate, upon the membrane of the nasal fossa, produce taste and odor. As for the sensations of touch, it is produced by the immediate impression of objects and not by the emanations that act upon the other senses.

It would require too much time and space to analyze the theories of Lucretius on ideas and sensations. Let us, meantime, note this passage: "When the predominant bile lights fever or when some other cause produces disease in us"—

"Quippe, ubi quo febris, bili superante, coorta
est,
Aut alia ratione aliqua est vis excita morbi."

As when the harmony of our body is found disturbed and principles are displaced, the corpuscles that at other times had an analogy with our organs cease to have it, and those that bring pain are the only ones that can be introduced.

As for the sensation of hunger and thirst, here is how our poet explains them: "Exercise and movement induce more abundant emanations of the body; transpiration occurs in large quantities. These losses rarify the body, weaken the machine and determine a painful condition of exhaustion. We then resort to foods, that, in disseminating in all the interstices, sustain the organs, filling the canals that the need of eating has dilated. Drinks, on their part, are spread every place where moisture is required; these dissipate the whirlwinds of heat that devour the stomach, and extinguish those fires that dry and consume the organs."

The theory of Lucretius is not the least whit inferior to those of modern physiology, that contents itself with teaching us that hunger is an internal sensation connected to an assemblage of phenomena of nutrition and that thirst is an analogous sensation coinciding with the diminution in proportion to the liquid parts of the human economy.

After having said some words upon sleep, that he considers as much a change of the seat of the mind as an absence of the latter, a state during which the body

is enfeebled, all the limbs languishing, the arms falling, the eyelids closing. Lucretius then speaks to us of dreams.

"The constant objects of our preoccupations," says Lucretius, "those that cause the most contention of the mind are those that reappear most often in our dreams. Certain men plead reasons and interpret the laws of dreams. A general dreams of combats and assaults; the pilot of winds and waves; for myself I do not interrupt my works during the night; I continue to interrogate nature and unveil its secrets. Those who assist at theatricals see, in dreams, the actors jumping about the stage in all their suppleness, they hear the music of the lyre and the soft voice of harmonious notes; they find before their eyes the audience and the same decorations that adorn each brilliant scene."

"What great movements of the human mind act during our sleep? How many vast projects are formed and executed in a single instant?

"In other cases some are merely occupied with the material wants of life. Children, sleeping, think they raise their clothes near a basin or a half-cut tub and relieve themselves to the desire that possesses them, inundating the rich Babylonian cloth that covers their beds."

Let us freely avow that modern medical science has not added much to this page in physiology, when we compare what is thus written as to the functions of the nervous system *apropos* to sleep.

[To be continued.]

Injuries of the Head.

In severe injuries of the head, it is sometimes difficult to distinguish sutures and vascular grooves from fissured fractures, even after careful examination. Wipe the part over carefully with a sponge of absorbent cotton or gauze. The blood lying in a suture or groove may always be wiped away, whereas no amount of rubbing will remove the line of blood effused between fractured bones or separated sutures.—*International Journal of Surgery.*

A TEASPOONFUL of powdered alum in syrup is a good and safe emetic in croup. It may be repeated in ten or fifteen minutes if required.—*Med. Summary.*

Book Reviews.

Infant Feeding. By LOUIS FISCHER, Attending Physician to the Children's Service of the New York German Poliklinik; Professor of Diseases of Children in the New York School of Medicine, etc.

The treatment of diseases of children resolves itself mainly in the first three years of life into proper feeding, and so Dr. Fisher has written this book of some three hundred pages as a guide to the proper feeding of infants. Such subjects as rickets, constipation, colic, dentition and malnutrition are considered, and we think this is a mistake, for it makes the title of infant feeding incorrect, and if two or three diseases of infants are considered why not all, especially those of the gastro-intestinal tract, where food is such a potent factor from an etiological standpoint. Dr. Fischer's treatise is thoroughly up to date and well written. It is especially useful as a reference work.

M. A. T.

Gonorrhreal Epididymitis.

Bettmann has used external applications of salicylate of methyl in twelve cases of gonorrhreal epididymitis. On a compress of cotton wool are poured from ninety to a hundred and twenty minims of a mixture containing one part of salicylate of methyl to two parts of olive oil; the compress is then applied against the scrotum so as to develop it and is covered with gutta-percha tissue; over this dressing a suspensory well lined with cotton, so as to exercise compression on the testicle. By these means rapid and notable diminution of pain is produced. At the end of three or four days of this treatment the pains entirely disappear, and the invalid may leave his bed, wearing a suspensory lined with cotton. The salicylate of methyl, however, has no influence on the fever, the duration of the disease, or the resorption of the exudate.—*Practitioner.*

BENZOIC acid, which was originally obtained from gum benzoin, is now obtained synthetically, and is admittedly far superior to the so-called natural benzoic acid.—*Med. Summary.*

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

APRIL 6, 1901.

WHOLE VOLUME LXXXV.

DEFORMITIES OR DEFECTS IN DEVELOPMENT FROM ADENOIDS.*

BY JOHN A. THOMPSON, M.D.,
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So much has been written on the subject of lymphadenoid hypertrophies in the upper air passages that it would seem nothing remained to be said. With all the voluminous literature on this subject, many physicians are not informed as to the remote results of neglected adenoids. They permit children in the families they treat to mature with incurable deformities which might have been easily prevented by the proper attention in childhood. For this reason it will not be a useless addition to medical literature to present an illustrated article showing how the victims of this common disease may be compelled, by neglect, to go through life with weakened and deformed bodies.

It is a commonly accepted truth that an organ which does not fully perform its function in childhood will not attain its full growth. If the pharynx is blocked by hypertrophy of the faucial and pharyngeal tonsils, the respiratory function of the nose is wholly or partly abolished. Those portions of the nose which should perform this important office are deprived of their physiological stimulus, are imperfectly nourished and do not grow to normal size. Hence we find in adults who have had adenoids in childhood, narrow, slit-like nostrils, with turbinate bones and turbinate bodies too small to perform their normal functions. The vertical dimensions of the nose are also lessened by the coexistent deformity of the mouth. While the lymphadenoid tissue may atrophy after puberty, the unfortunate individual whose naso-pharynx has been neglected must always remain a mouth-breather, subject to all the added dangers of pulmonary inflammations and infections which that condition entails.

An imperfectly developed organ is frequently a deformed one. In these patients with small nostrils, septal deflections and deformities often add to the difficulty of breathing through the nose. Operative intervention give poor results, even when the septal defect is entirely corrected. Surgery cannot replace something which never existed—normal nasal respiration.

The external nose is also deformed where the function of this organ is imperfectly performed. The upper half of the nose may remain broad and flat from the chronic venous congestion in this region, which is one of the typical symptoms of adenoids. The lower half of the nose will be pinched and narrow from the arrested development of the anterior nares and of the muscles which move the alæ nasi. This deformity of the external nose, together with the open mouth and the obliteration of the naso-labial fold, give to these cases the well known facial expression of stupidity.

With persistent mouth-breathing, that organ also develops improperly and becomes permanently deformed. The character and degree of deformity depend on whether the adenoids are present during the first or second dentition or both (Koerner). When the malformation occurs during the first dentition we note a dome-like arch of the hard palate, the highest point being in the front portion of the mouth. The curve of the alveolar border, which is normally semicircular, becomes elliptical. Should the obstruction to respiration persist during the second dentition the deformities noted above increase. The central incisors, at the narrowest portion of the ellipse, may be placed with their posterior surfaces facing each other. The anterior alveolar border projects forward in a posi-

* Read before the Academy of Medicine of Cincinnati, January 14, 1901.

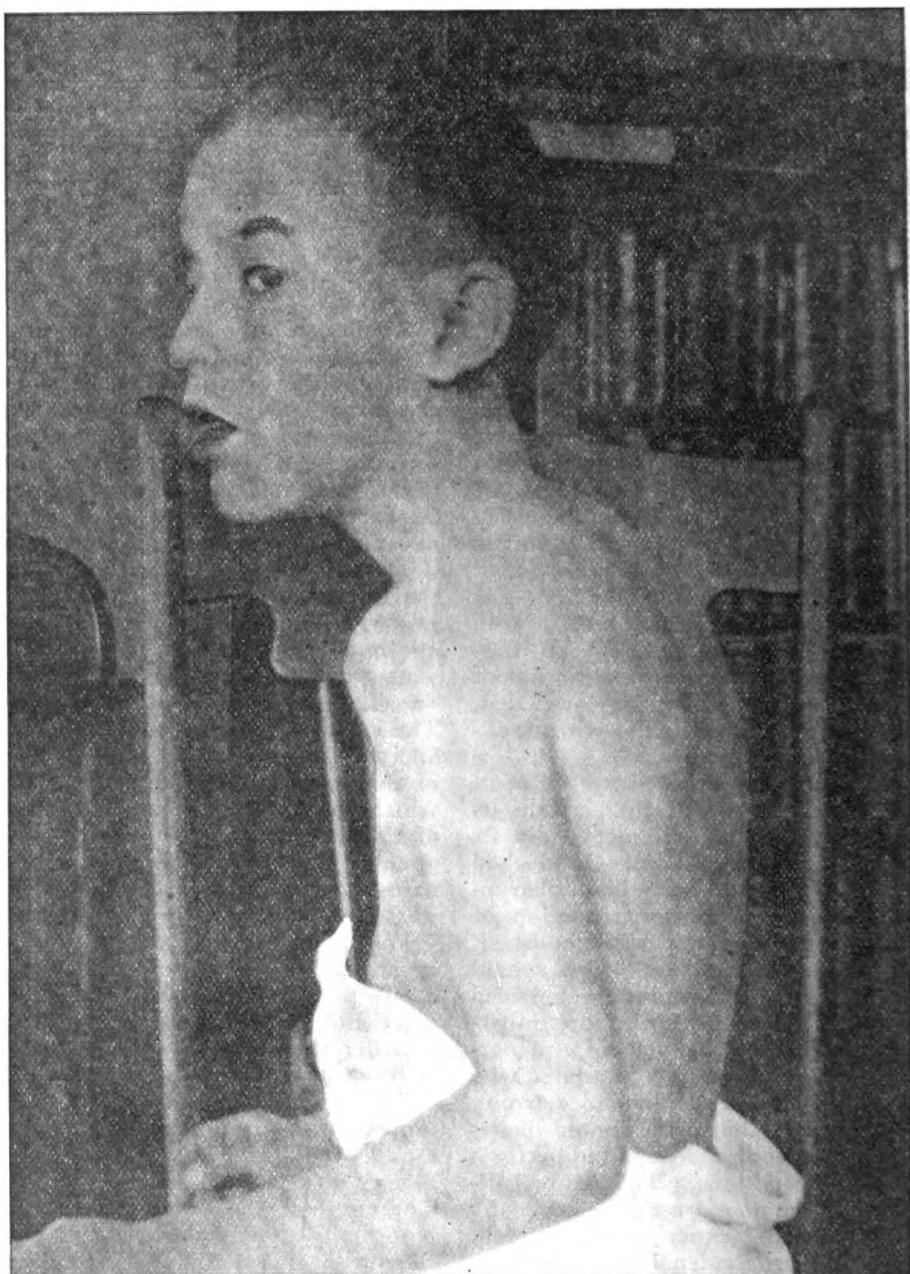


FIG. 1.—Photograph of a recurrent case of adenoids and hypertrophied tonsils. It shows the characteristic drooping, listless posture of these patients. The curved spine, round shoulders and short upper lip are especially noticeable in this picture.

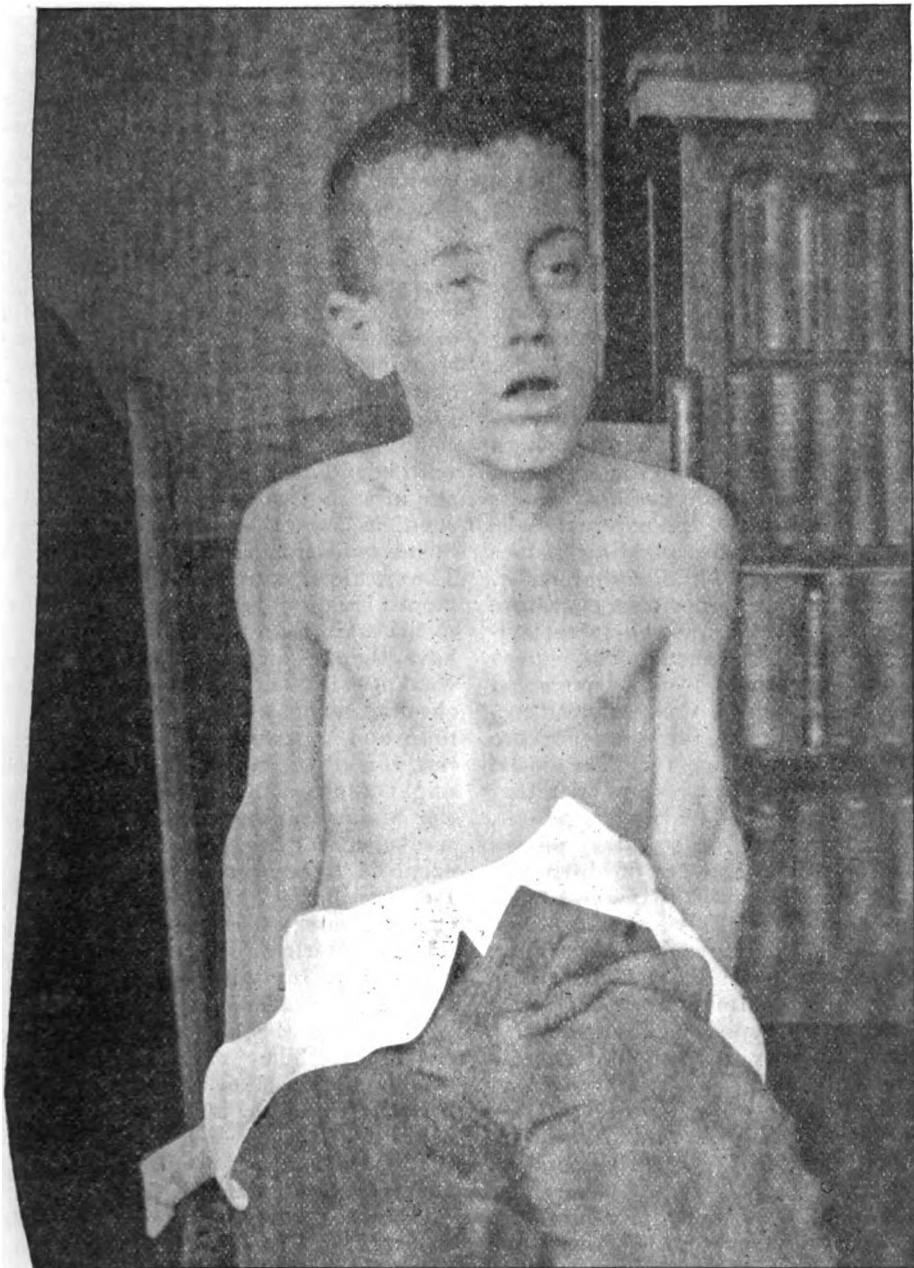


FIG. 2.—Front view of the same patient. The adenoid face and narrow chest with deepened supra- and infraclavicular fossæ are readily seen in this view.

tion half-way between the horizontal and the normal perpendicular line. The incisor teeth must take the same position and extend beyond the lower teeth. The upper lip does not develop, and this arrest of growth causes a greater apparent projection of the teeth. The lower jaw is not usually deformed in chronic mouth-breathers.

If the physician will remove the clothing from the chest of a child with adenoids and allow it to assume the usual attitude of these patients (see Fig. 1), while he notes the action of the chest in breathing, several important points will be seen by careful observers. The supraclavicular and infraclavicular regions will retract during inspiration and not fill up as they should. It will also be noted that there is an excessive sinking in of the intercostal spaces during inspiration. To fill the lungs through an obstructed channel an abnormal vacuum must be produced. This necessarily results in excessive pressure on the external walls of the chest, which the yielding tissues of a poorly nourished child cannot resist. The result is an antero-posterior curvature of the spine. The supra- and infraclavicular fossæ are deepened. The upper portion of the chest in front is narrowed (Fig. 2), while behind the posterior borders of the scapulæ project from the rounded shoulders (Fig. 1). The costal cartilages yield to the pressure on either side of the sternum and make an apparent, not real, projection, the so-called pigeon breast. The whole tendency of obstructed breathing in childhood is to make a chest unnaturally small from defective development. As the container is so must the content be, and a small chest contains a small pair of lungs. Imperfectly developed lungs mean a lessened vital capacity, a deficiency in ability to do mental or physical work, and inability to resist or recover from disease.

A very large per cent. of children with adenoids become deaf. An early operation usually cures the deafness. Where the adenoids are allowed to atrophy they leave behind a post-nasal catarrh, which in time causes deafness if the hearing is not already impaired. The deafness, which is the certain fate of these cases, is due to complicating diseases in the ear, not to arrested or imperfect development.

Children with lymphadenoid hypertrophies in the oro-pharyngeal ring are often

stupid. Several explanations for this condition are plausible. The venous congestion of an obstructed nose may induce a corresponding congestion of the anterior lobes of the cerebrum. The anatomical connection between the veins of the two regions is direct and free. The rapid increase in the mental ability of some children immediately after operation would indicate that the prompt relief was due to the removal of an obstruction to the normal blood supply of the brain. Another explanation of the mental weakness of children with adenoids is lack of attention from deafness. While deafness is undoubtedly one of the factors, the mental defect often disappears before the hearing is restored, showing deafness is only one and not the most important factor in the problem. Impaired general nutrition is usually given as the cause for the failure of children with adenoids to equal others of the same age in school work. The brain is weakened, as are other organs, by imperfect blood oxidation and impaired nutrition. The restless, unrefreshing sleep of the mouth-breather is probably more hurtful to the brain than to any other organ. We have, then, as factors in producing mental weakness in many children with adenoids chronic venous congestion of part of the brain and imperfect nutrition and impaired rest for all of it. That these conditions might cause a defective development of the brain, leaving the patient mentally weakened for life, does not seem to have occurred to any writer with whose work I am familiar. We have no tests of living children nor post-mortem observations by which to affirm or disprove this deduction. All we can say with our present knowledge is that adenoids may act as an impediment to the normal development of the brain. They may leave that organ smaller and weaker than it would have been if the upper air passages had been healthy.

Blood examinations of children with adenoids show anemia and deficient oxidizing power (Kyle). Oxygen is as necessary to nutrition as food itself. No food can be utilized by the body without chemical changes in it to which the presence of oxygen is essential. Deficient oxidizing power means imperfect nutrition. A poorly nourished body is one that never attains its fullest possible growth and development. The whole organism of an adult who suf-

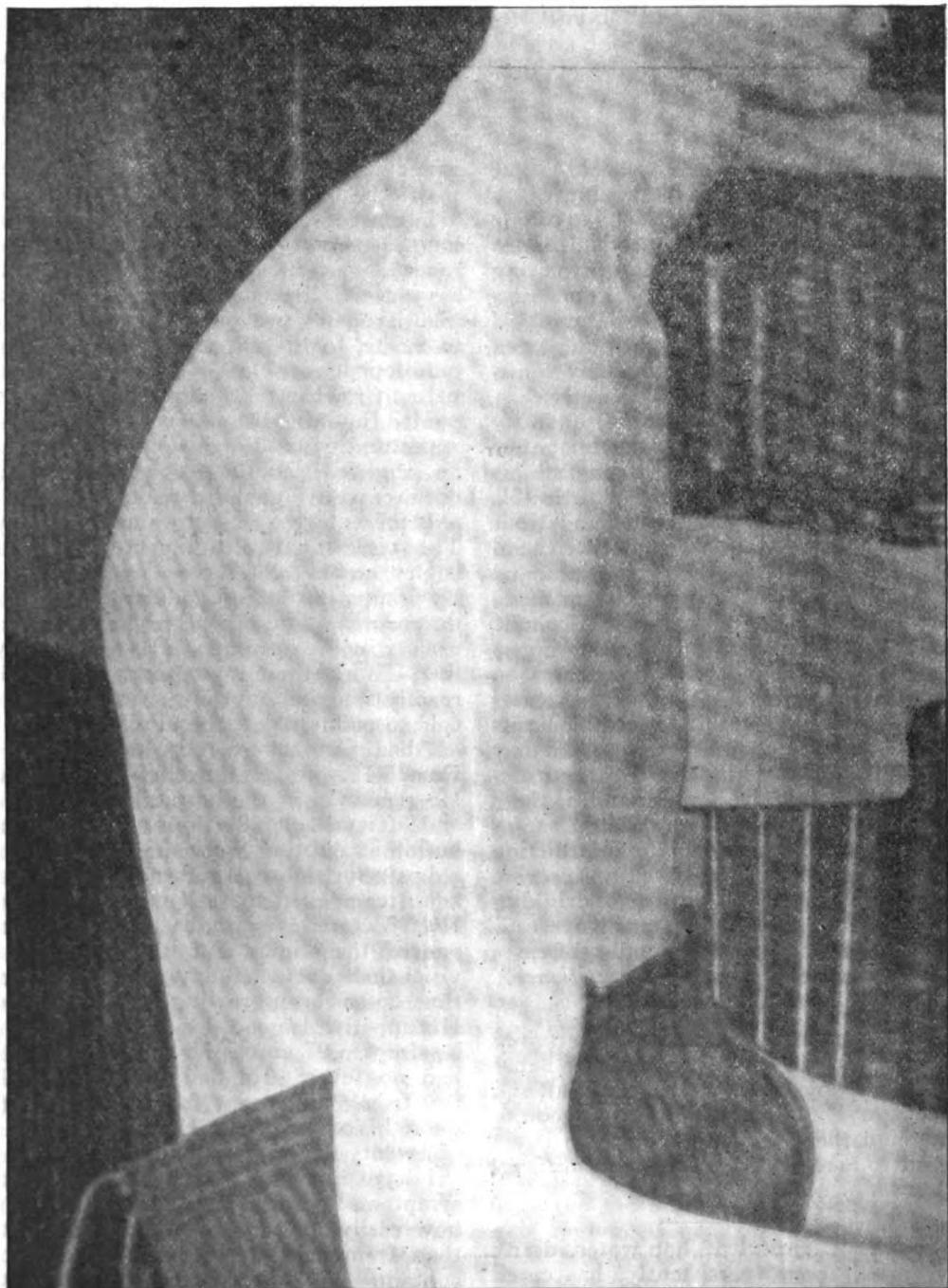


FIG. 3.—Chest of an adult with the characteristic deformity from enlarged tonsils and adenoids. The hypertrophied tissues are still present in this case, having never atrophied. He is under treatment for incipient tuberculosis.

ferred from neglected adenoids is weaker than it would have been if they had not been present, or if they had been thoroughly removed.

[For discussion see *Academy report.*]

Drinking at Meals.

C. A. Ewald (*Zeit. f. Krankenpflege*) discusses the propriety of allowing drink with meals. He notes the fact that people take without difficulty large quantities of water in soups and vegetables during meals, and that most people feel the necessity for taking fluid at these times. If the drink be lessened the amount eaten will be less, and the appetite may sometimes be excited by a drink of water.

Gastric juice is secreted in quantity somewhat proportionate to the amount of fluid which is taken into the stomach, so that a large amount of fluid may in this way be a tax upon the gastric glands; but normal stomachs can accommodate themselves to a considerable range of fluid, and in normal individuals there is never much stagnation in the stomach. Alcoholic fluids, in moderation, do not delay digestion, and may stimulate in many cases, so that it would seem that in normal cases drinking at meals within reasonable limits does not interfere with digestion, and may even aid it; but with disease of the stomach drink should be limited, and, if there is dilatation, should be prohibited as far as possible, though absolute interdiction of drink is only to be advised with severe dilatation. The evil influence of drinking with meals has been very much overestimated. In a considerable number of cases fluids have useful effects.—*Practitioner.*

OLD AGE and youth should certainly cause caution in operating, but both babes and old people can stand a good deal, and their age should never lead the surgeon to condemn them to death because he is too timid to take his chances.—*International Journal of Surgery.*

A LARGE cupful of hot water, drank every half hour, persistently, has cured severe cases of delirium tremens.

IN the treatment of acne always relieve any irritation of the sexual organs that may be present.—*Med. Summary.*

GUMMA OF THE STERNUM.*

BY MARK A. BROWN, M.D.,
CINCINNATI,
PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

Gentlemen:

The history that this man has given you is one of the many that will tend to draw you away from the straight and narrow path that leads to diagnosis. His statements necessarily lead you to think of the lungs as the probable seat of the trouble; indeed, when first interrogated he stated, as you will remember, that he had the pleurisy, and was even willing and anxious to locate for us the exact spot. When questioned more closely he complained of pain in the chest, of slight cough accompanied by a small amount of blackish expectoration, and of loss of weight; but he admitted that the loss of weight did not exceed five pounds, while the pain is only present when he exerts himself unduly. The statement that he clings to, however, is that he has a "tightness" in his chest. By occupation he is a peddler, though he now works at anything he can get to do, usually in the open air. His age is fifty-five. With these symptoms one could readily imagine anything, from a slight cold to pulmonary tuberculosis.

About October 15, 1900, he entered St. Francis Hospital for the relief of the above. He remained in the hospital four weeks, and left it considerably improved in health; but on attempting work the next day the old pain and tightness returned, and he was again compelled to seek medical advice. He "doctored" again, as he told you at one of the clinics, but discontinued his visits there about ten days ago; since that time he has been growing steadily worse. His appetite is good, his bowels regular, he sleeps well, and as far as he knows has had no fever. He had been absolutely free from pain except in his "lungs" (I quote his own word). He admits syphilis of twenty-five years' standing.

I have repeated to you his prominent symptoms at some length more to show how easily one can be led from the truth than from anything of importance they contain. We have enough, however, to direct us to an examination of his lungs. On baring his chest—and in cases appa-

* Clinical Lecture delivered at the Cincinnati College of Medicine and Surgery, January 24, 1901.

rently the most trivial this should always be done—the first thing that attracts your attention is a small tumor-like mass about the size of a lemon and considerably of its shape, situated at the upper right portion of the sternum. Of the presence of this tumor he has not given us the slightest hint. On questioning him concerning this point I find that he first noticed it about November 25, ten days after he left the hospital. At that time it was the size of a plum, and we may confidently assume that it had existed for some time previously, probably for a period well covering his present distress. It grew steadily in size for some weeks, then under the treatment at the clinic became a little smaller; during the last ten days—that is to say, since he has discontinued his medicine—it has been again slowly increasing in size, until now it is about as large as it has ever been. The pain and tightness have been coincident with the gradual enlargement. A tumor in this situation, growing, as it undoubtedly does, both internally and externally, would readily account for the pain, tightness, cough and expectoration, all pressure symptoms, of which he complains. You will remember that he spoke of the expectoration as always blackish; that is to say, mixed with dust, a not uncommon thing in our good city of Cincinnati, particularly at this time of year; that it was *always* blackish is good proof that it was never very profuse. Nevertheless, it is in nowise impossible or even improbable for him to have some affection of the lung coincident to this growth, but entirely independent of it; and his age, occupation, or rather lack of occupation, the time of year, prevalence of influenza, which disease, as you know, preferably involves the lungs, are all important factors predisposing to some additional lesion.

The disease that naturally comes first to your minds in a tumor revealing itself in this region is aneurism of the thoracic aorta, of the ascending portion, growing from the anterior wall, and in that there is tumor formation present, eroding the sternum. Before making a positive diagnosis let us go to a complete description of the mass, the physical signs present in this region, the examination of the heart and lungs, and then take into consideration the various diseases that might cause a growth in this area. The tumor is, as

you see, about the size and shape of a half-buried lemon, with the long axis horizontal and parallel to the chest, situated at the upper right portion of the sternum, invading the second rib and its costal cartilage and encroaching upon the interspaces, close to the sternum, above and below.

On inspection, then, we notice merely this lump; the overlying skin is very slightly reddened but not dusky, contains no dilated blood vessels, is not ulcerated, and shows no pulsation; the swelling is uniform. On palpation we find the mass uniformly hard and firm, somewhat tender, but by no means excessively so, and giving to the hand absolutely no sensation of life, such as pulsation or thrill; moreover, there is no feeling as of thinning or erosion of bone, but, on the contrary, as though the growth were an integral part of the sternum. Percussion gives dullness over the tumor, but *not beyond its visible confines*. Auscultation over the mass is negative aside from the faintly transmitted normal heart sounds. The heart and lungs are normal. There is no accentuation or diminution of either cardiac sound at apex or base. His cough you have heard once or twice during this examination; there is nothing unusual in its character. There is nothing abnormal to his voice; there is no dyspnea, no stridor, no difficulty in deglutition. Physically he is well developed and well nourished, and there is no anemia or cachexia. His radial pulses, rate about 78, are equal in every respect, as are the reactions of the pupils. His temperature, a point of some importance, particularly at this time of day (3:30 P.M.), is normal; you heard him state that he has had no fever. These, I believe, are the principal points, both positive and negative, and the latter are often of more importance than the former, by the aid of which we should arrive at a reasonably correct diagnosis.

As stated before, aneurism of the thoracic is first thought of, principally because it is the most common tumor involving this region. Aneurism of the aorta is usually but by no means invariably accompanied by impulse and by a thrill; but you could readily conceive of an aneurismal sac completely filled by an organized clot in which these symptoms would then be necessarily absent. In aneurism that had grown *externally* to the size here

shown, we would expect more marked symptoms of pressure, such as a difference in force or time of the radial pulses, change in the voice, dyspnea, dysphagia, or irregularity of the pupils, none of which are present in this case. Of more importance would be a pronounced hypertrophy of the heart muscle itself, particularly of the left ventricle, and a ringing accentuated aortic second sound, neither of which are present in this patient (the heart is absolutely normal). Lastly, in this case there is no erosion or thinning of the bones of the anterior thoracic wall, which would be a certain accompaniment of a thoracic aneurism of this size. Disease of the heart muscle itself as a cause of the enlargement, such as aneurism, hypertrophy, or tumor, may be safely ruled out, as there are no physical signs, not even rapidity, that would attract attention unfavorably to this organ; then, too, hypertrophy would not cause bulging so strictly localized nor in such a position as is this mass. Pericarditis is also not to be considered, as any bulging would, in this disease, be situated several interspaces lower, and the apex beat and heart sounds be very indistinct and distant or altogether absent. Mediastinal tumors are usually carcinomatous; they have a tendency to spread rapidly in all directions; and a growth of this nature, to have appeared to so great an extent locally, would long previously have given rise to dangerous pressure symptoms by involvement of the delicate structures in the immediate vicinity, would probably have been disseminated to other portions of the body, would most certainly have given rise to grave anemia and cachexia. A cancer from this region would also have eroded the overlying bones, might possibly have ulcerated, or at least caused the overlying integument to have become filled with dilated blood-vessels; we know that none of these conditions exist in this case. Abscess of the mediastinum can be quickly ruled out from the hardness of the tumor mass, the absence of fluctuation, the absence of signs of an underlying purulent collection, such as tenderness, discoloration of the skin and evidence of pointing, absence of constitutional symptoms of internal suppuration, such as chills, fever and sweats, increase of pulse rate and diarrhea.

Lastly, we have to consider gumma. You will remember that he gave us a his-

tory of syphilis of twenty-five years' standing; but we must believe a man's statement that he has *had* syphilis no more than we would his denial of this disease. In this case, fortunately, we have not far to go for sufficient evidence. You will notice on his right arm, around the elbow, a number of cicatrices, somewhat kidney-shaped in outline, which he has informed me appeared about five years after the primary chancre, and refused to yield to any other treatment than mercury locally, combined with some internal medication the exact nature of which he is ignorant. There also still exists some enlargement of the epitrochlear glands, right and left. Of more importance to a diagnosis of gumma, and at the same time effectually ruling out any remaining suspicion of malignancy, is his voluntary statement that under treatment a few weeks ago the mass diminished in size and the pain and tightness disappeared, only to flare up once more when he stopped taking his medicine. The hardness of the mass, its uniform consistency and shape, all lend aid to the diagnosis of gumma of the sternum; indeed, we have almost reached the diagnosis by exclusion. The location of the gumma is not very uncommon; I have myself seen two other exactly similar cases.

As regards treatment: We will start this man on thirty drops of the saturated solution of iodide of potash three times a day, and have him report to us every Saturday. If he bears the drug well we will increase it ten drops at each visit until he is taking a drachm three times a day. This we will continue until the gumma has disappeared, unless iodism supervenes, and then gradually reduce. No other form of medication is necessary.

March 6, 1901. Gentlemen: You will remember this patient presented to you some weeks ago as a case of gumma of the sternum. You see how our diagnosis has been confirmed by the therapeutic test; that the tumor, once so large, has gradually melted away until now but a small mass, about the size of a hickory nut, remains. He has received no other medication than the iodide of potash, of which he is now taking fifty drops three times a day. As you see, there is no eruption on his face, nor has he had any of the symptoms of iodism, barring a coryza of several days' duration, which came on about two weeks

ago, and which, indeed, might have been due to the prevailing epidemic of grip. The fact that he has borne this rather large dose of the iodide so well is another proof, if we needed any, of an undcurrent syphilitic infection. The dosage will be maintained at fifty drops three times a day until every trace of the tumor mass has disappeared, and will then be gradually reduced. I need hardly say that the pressure symptoms of which he complained have entirely disappeared. In conclusion, let me call your attention to the fact that no mercury was used in the treatment of this case; when syphilitic lesions become gummatous in character, mercury is, to say the least, of decidedly little value.

The Cardiac Result of Tight Lacing.

The recent investigations of Schott may be fairly quoted as forming a practical proof of the ill effects of tight lacing. Schott has demonstrated that by constricting the abdomen with a belt dilatation of the heart under exercise was further increased by reason of the addition to the amount of blood flowing into the right ventricle, especially increasing the amount of work to be done by the heart. The teaching of Schott receives support and corroboration from the experimental observations of Roy and Adami, Fry and Krehl, upon animals. These investigators have shown that compression of the abdominal veins causes dilatation of the heart by increasing the total output, that is, the work done. The true bearing of all these points has been more clearly demonstrated by means of the X-rays. In the case of dancing, combined with tight lacing, the conclusion has been arrived at that persistent dilatation of the heart following continued muscular exertion may be regarded as of a pathological character and expressive of overstrain of the heart. The clinical symptoms recorded are those of a disabling nature, and those usually observed in cardiac incapacity.—*Med. Press and Circular.*

A SINGLE dose of from ten to fifteen grains of salicylate of sodium will often cure acute supraorbital pain. It is safe to give in every case where blood poisoning is suspected.—*Med. Summary.*

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of January 14, 1901.

THE PRESIDENT, C. L. BONIFIELD, M.D., IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

Patient with Epithelioma of the Heel, with Secondary Involvement of the Glands of the Leg.

DR. J. AMBROSE JOHNSTON: The patient whom I present to you this evening is seventy-one years of age. He came to my office and told me that he had lost twenty-five pounds in weight, was sick at the stomach and vomited all solid food taken, but could retain liquids. He said that he had been to an instrument maker to have a truss applied, and he, instead of applying a truss, referred him to me. As you will see, on the inner aspect of the thigh there is a small lump or mass situated at site of the inguinal glands and quite mobile. I was at a loss to understand what this lump was until, after examining the heel, I found a small growth about two inches in diameter which was beginning to break down. The lump above referred to resembled a hernia somewhat, but it was rather too hard for a hernia, and there was also no impulse present on coughing.

DR. JOHN A. THOMPSON read a paper (see p. 307) entitled

Deformities or Defects in Development from Adenoids.

DISCUSSION.

DR. J. E. BOYLAN: While the subject of the paper is a somewhat threadbare one, and perhaps little that is new has been added of late, it is of such far reaching importance that it will well bear reviewing, especially in the able manner in which this has been done by the essayist.

The common effect of these growths is mouth breathing—mouth breathing which goes on day and night, and often year after year, and the inevitable result, besides the damage to the respiratory tract and often to the organ of hearing, is pro-

longed restriction of the most important of all foods to the body.

That the warming and moistening of the air is an imperative condition of the proper interchange of oxygen and carbonic acid gas in the lung has long since been demonstrated by the physiologist. The air that is taken in directly through the mouth is not only deprived of the pint or more of fluid that is secreted in the nose in the twenty-four hours and fails to receive its first warming by passing in thin sheets through the subdivided nasal passages, but it is actually less in quantity than when inhaled, uninterruptedly, through the nose; so that, as Hooper put it, "these mouth-breathing children are undergoing, at the very age when they need air food most, a slow but sure process of asphyxiation." That is to say, they do not get a sufficient *quantity* of air to properly expand the lung, nor a *quality* of air that will properly oxygenate the blood. Small wonder, then, that there finally results deformity of the chest wall, as well as other conditions described by the essayist from malnutrition—retarded physical development as a whole. In looking back over some years of practice, I know of no class of cases that gives more satisfactory results than that in which well-developed adenoid vegetations have been thoroughly removed. For this reason, and for others equally important, which I need not enter upon here, the prompt removal of these growths as soon as discovered cannot be too emphatically urged.

DR. W. EDWARDS SCHENCK: The Academy is under obligations to Dr. Thompson for his excellent paper, while the photographs of the cases reported make a strong appeal for consideration.

I am sorry that the doctor did not also call attention to those cases of adenoids where the condition that attracts your attention is some impairment of hearing or an obstinate post-nasal catarrh, the causative factor, adenoids, being often overlooked because you do not have the typical mouth-breathing. These are the cases that often cause irreparable harm when not recognized and are neglected. They occur most often during the adolescent period, at which time these cases are most amenable to treatment with excellent results. A case of this class that occurs to me was a lady, about twenty-eight years of age, who was so deaf that she had difficulty

in hearing the voice of her five-year old child. She had had suppurating ears for about seventeen years. There was no mouth-breathing nor was there the typical adenoid physiognomy, but examination with the finger revealed the presence of adenoids, which were removed and the ears treated with such improvement that she heard a small clock fifteen feet distant after a few months' treatment. There are other cases of this class in which there is only impaired hearing, where the removal of the adenoids and some treatment will restore to the normal acuity.

If you will adopt the routine of examining the post-nasal space with the finger in all cases where there is defective hearing or a post-nasal catarrh you will be surprised by the number of these cases that have unsuspected adenoids. This is like systematic examination elsewhere. How often such has revealed enlarged turbinates and spurs in the nose that were not suspected!

It is the unsuspected cases which do the harm, because they oftentimes are not corrected before they have done irreparable damage to the hearing apparatus. One gentleman whom I knew, whose hearing was greatly impaired, had reached the age of fifty years before it was discovered that he had adenoids. They were removed, but it was too late to improve his hearing.

DR. THOMPSON: I expected to present nothing new or original in this paper tonight. In looking over the voluminous literature on adenoids I have been impressed by the fact that the defects or deformities resulting from them had not been grouped or illustrated. I know of no article which pretends to group the deformities resulting from adenoids, and seeing, as every otologist must, the baneful effects of these growths, I decided to write this paper and present these photographs as an argument for the necessity of having them operated upon. It occurred quite recently in my practice, where every other argument in favor of having the adenoids removed from a child failed, the statement that the child's face would be deformed brought about consent to have the operation performed. Before we could arrange to do the work the child had a severe attack of otitis media and the operation was postponed for a time.

It was for the purpose of showing the disastrous results which follow from these

growths that I wrote this paper, in order that the general practitioner might have in his possession another argument in favor of the removal of adenoids.

I prefer to shoot with a rifle and not with a shotgun, and therefore limited myself to the consideration of the defects or deformities which result from adenoids, and did not take up the various other questions discussed to night. The question of ear diseases resulting from adenoids was mentioned only to show that the ear diseases are the result of the spreading of the inflammation, and not to defect of development in the ear. I do not believe that the ear is impaired except from diseases secondary to adenoids.

Mixed Marriages and Sterility.

In the recent publication of the facts and conclusions arrived at by the Anthropological Expedition which has worked out in Torres Straits a valuable genealogical method of collecting social and vital statistics, we learn that during the last thirty years many marriages have taken place with members of other races, and the statistics show that these marriages were frequently childless. It certainly is a matter of great biological interest that fewer children should be born of such marriages than between members of the same race, but inasmuch as many of the marriages were only of a temporary nature, terminating on the return of the husband to his own home, it must be admitted that disturbing factors are present which have to be considered. The prevalence of abortion which is known to be practiced in the Torres Straits has also to be reckoned with before accepting the generalizations too confidently.—*Medical Press and Circular.*

Medical Practice Bill Passed.

The Senate of Missouri has passed the Hall medicine practice bill, which has been strongly opposed by the Christian scientists of Missouri since it began its course early in the session. The bill has been signed by the Governor.—*Philadelphia Med. Journal.*

HELONICAS dioica will be found of value in the treatment of the leucorrhea of young girls.—*Med. Summary.*

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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DR. J. C. CULBERTSON,
817 W. SEVENTH STREET, CINCINNATI, O.

SATURDAY, APRIL 6, 1901.

SALINE TRANSFUSION.

There has been a lot of sense, and no small amount of nonsense, written of late concerning the value of hypodermoclysis. Most of the nonsense has, of course, been printed in the public press, and the writer remembers reading within the past few weeks of a thrilling account of life-saving by means of the injection of a teaspoonful of this wonderful health-giving saline solution. Medical journals have also been at fault in making extravagant claims based upon too small foundation. It is by no means a new treatment, and its value in certain conditions has long been recognized, and the solutions used as a matter of course. Indiscriminate usage is sure to bring about a reaction, with the result that the remedy will be discarded entirely, just as has been the case for so many years with that most valuable therapeutic resource, in selected cases, blood-letting.

The writer well remembers the very frequent application of hypodermoclysis as used during his term of internship at the Cincinnati Hospital; its value was recognized and not much said about it. It was first employed by the surgeons in combating the shock of railroad and other severe accidents, and it was often surprising the readiness with which these

individuals reacted to a degree allowing of operative interference. In operations attended by severe hemorrhage or in prolonged anesthesia it also seemed to meet the indications very well. Upon the medical service its first application was in cases of chronic Bright's with uremia. The induction of profuse sweating in these cases only served to concentrate the poison, exerting its deleterious action upon the nerve centres, so that it was determined to first introduce fluid into the body so as not to subject the circulating blood to this concentration of poison. The result was very satisfactory; previously case after case had perished in the hot-air bath apparatus, though sweating profusely; but with the use of fluid not a few recovered, and were ultimately discharged in good shape. At first plain hydrant water was introduced into the stomach by passing a small catheter through the nose or introducing the ordinary tube into the stomach, or enemata were given. But the latter were not always retained, absorption was slow, and but a small amount could be introduced at a time. The use of the stomach tube was open to the objection that there was no certainty that absorption was taking place. When injection was made beneath the skin, however, the amount could be regulated and absorption known to be taking place by the gradual lessening in size of the subcutaneous tumor.

The normal salt solution was at first used more because it had become a sort of habit in similar treatment of surgical cases. Under this method, often employed under the most disadvantageous circumstances in the strong ward, many cases recovered, and it was noted in some instances that the amount of urine subsequently passed was much greater than there was any reason to expect in uremia. It was but a step to introduce transfusion into the treatment of other depressed states in which there was reason to suspect the presence

of a powerful toxin or poison in the blood; and there is one disease, not mentioned in the journals, in which it was used with some success—insolation. Late advocates of the method have praised it highly in other toxic conditions, such as profound sepsis from any cause, diabetic coma, alkaloidal and snake poisons, pneumonia with toxemia, and the diseases associated with grave kidney lesions, such as scarlatina, diphtheria and eclampsia. In all of these, the writer contends, it is a matter of a dilution of the poison, and perhaps a slight stimulation of the renal function.

M. A. B.

WEEKLY MEDICAL PUBLICATIONS.

The new Philadelphia *Medical Journal* has been incorporated with a capital of \$250,000.

Experience warrants a statement that it will require the full amount of that large sum, and perhaps more, to establish a weekly medical journal and place it on a paying basis.

The Cincinnati LANCET-CLINIC enjoys the distinction of being the sole and only weekly medical journal that is absolutely owned, edited and published through and by the enterprise of an individual physician, who has also found time to do a little general practice, and until the present session, to deliver an annual course of lectures in the Cincinnati College of Medicine and Surgery, and, with all, never counted himself as a very busy man.

The actually enormous sum of money expended in the city of Philadelphia for the sole purpose of placing its current weekly medical publications on a firm footing is and must be startling to those who have given any thought to the subject. How and where the medical profession obtains its literature is worthy of some consideration.

The purveyor of the Cincinnati LANCET-CLINIC, of course, is a little bit lonesome at times in his very unique position, but

then the pleasure derived from being the professional caterer to more than half of the entire medical profession of a great State like Ohio, and nearly as large a percentage in adjoining States, is really worth while, and exceedingly gratifying to think about. It is a fact that more than two-thirds of the entire medical profession of Cincinnati are subscribers for the LANCET-CLINIC.

As new weekly publications are from time to time launched on the troublous sea of journalism, the writer has been greatly interested in watching the effect upon the LANCET-CLINIC's circulation. In all the mutations which have taken place comparatively few changes from such causes were made, and the Cincinnati LANCET-CLINIC kept right on in the even tenor of its way, never missing an issue or asking credit for a pay-roll.

Two hundred and fifty thousand dollars paid up cash capital is none too large a sum with which to enter upon the publication of a reputable weekly medical journal. It will all be required, and perhaps an assessment for as much more, before success is attained.

The Cincinnati LANCET-CLINIC is frequently called "the little journal," because in volume it is less pretentious and cumbersome than its contemporaries, one of the reasons for its popularity evidently being dependent upon its size. Being issued every week, the numbers succeed each other very rapidly. In its publication the work is never done, one week constantly overlapping the next.

There are whole cart loads of satisfaction and fascination found in being able to editorially reach ten to twelve thousand or more educated physicians every week, and the responses that come in every mail are priceless in expressions of good will.

The LANCET-CLINIC has been here a good while—sixty years in May—and is well known to a majority of the medical profession of America. In circulation it

is growing more rapidly than ever before, and its destiny is to enter the office and abide with more than half of the physicians of all of the great Southern States, just as it does in the State of Ohio. There are good and valid reasons for this. In the great Southern States a weekly medical journal is wanted. Same condition in Indiana, Illinois and Michigan. All of these States have tributary interests in the Cincinnati LANCET-CLINIC. Their wants will always have a listening ear in the LANCET-CLINIC office, and a response will be given that will be gratifying to the listener. T. C. M. and the writer are still in the field as veterans, while new blood is being sprinkled gradually over the pages, and to an extent that will be observed and felt in a new richness in contributions to the editorial work.

It is the Cincinnati LANCET-CLINIC ever and forever, always under control of a medical professional interest. No frictions in the editorial office over the management of the publication department. Nor is it to be wondered at that under such favoring auspices the Cincinnati LANCET-CLINIC is one of the idols of the medical profession of the great Central and Southern States. Like the brook, it seems destined to babble as it runs on and on forever.

EDITORIAL NOTES.

WESTERN OPHTHALMOLOGIC AND OTOLARYNGOLOGIC ASSOCIATION.—The Sixth Annual Meeting will be held in Cincinnati, April 11-12, 1901, at the Gibson House, Walnut Street, between Fourth and Fifth Streets. The profession is cordially invited to attend. The programme is as follows:

THURSDAY, APRIL 11—MORNING SESSION,
10 A.M.—JOINT SESSION.

Call to order by the Chairman of the Committee of Arrangements. C. R. Holmes.
Address of Welcome. Dr. N. P. Dandridge, President Cincinnati Academy of Medicine.
Response by the President. M. A. Goldstein.

Announcements by the Committee of Arrangements.

Roll Call.

Reports of Officers and Committees.

1. Hemophilia in Relation to the Surgery of the Ear, Nose and Throat. Wm. Scheppegrrell, New Orleans, La.

2. Optic Neuritis Resulting from Intra-Nasal Diseases. Derrick T. Vail, Cincinnati, O.

3. Paralysis of Accommodation following Diphtheria. J. H. Johnson, Kansas City, Mo.

AFTERNOON SESSION, 2:30 O'CLOCK—OTO-LARYNGOLOGIC SECTION.

1. A Means of Reducing an Overgrowth of the Inter-Maxillary Frenum, Permitting the Retention of Two Central Incisors in Close Apposition. H. W. Loeb, St. Louis, Mo.

2. Adenoids: Complications and Sequelæ. H. Stow Garlick, Cincinnati, O.

3. The Attic of the Nose. Edwin Pynchon, Chicago, Ill.

4. A New Technique for the Reduction of Turbinal Hypertrophies. M. A. Goldstein, St. Louis, Mo.

5. Treatment of Some Purulent Conditions of the Antrum of Highmore Through the Natural Opening. Norval H. Pierce, Chicago, Ill.

6. Some of the Bacteria Found in the Nose, and Their Relation to Disease. Samuel Iglaur, Cincinnati, O.

OPHTHALMOLOGIC SECTION.

1. The Value of Methyl Blue as a Local Application. M. F. Coomes, Kansas City, Mo.

2. Symposium on the Lachrymal Apparatus. (a) Affections of the Lachrymal Apparatus. Flavill B. Tiffany, Kansas City, Mo. (b) Obstruction of the Lachrymal Duct and its Treatment. John J. Kyle, Indianapolis, Ind. (c) Can the Conjunctival Sac be Rendered Aseptic with Safety to the Eye. B. E. Fryer, Kansas City, Mo. (d) Drainage of the Eye as a Basis of Treatment. Francis Dickinson, Chicago, Ill. (e) Dachryostenosis with Abscess. J. F. Reynolds, Mt. Sterling, Ky. Discussion opened by (a) Adolph Alt, St. Louis, Mo.; (b) J. M. Ray, Louisville, Ky.

FRIDAY, APRIL 12—MORNING SESSION, 10 O'CLOCK.—OTO-LARYNGOLOGIC SECTION.

1. Spongifying of the Bony Capsule—Especially the Differential Diagnosis from Tubal Disease. J. Holinger, Chicago, Ill. Discussion: (a) C. R. Holmes, Cincinnati, O.; (b) O. J. Stein, Chicago, Ill.

2. The Stapedius is a Muscle of Accommodation. Thos. F. Rumbold, St. Louis, Mo.

3. Symposium on the Mastoid. (a) Auscultation of the Mastoid. A. H. Andrews, Chicago, Ill. (b) A Case of Otic Cerebellar Abscess, Sinus Thrombosis and Commencing Cervical Abscess. Recovery. C. Barck, St. Louis, Mo. (c) Some Points in Operating for Mastoiditis. Geo. F. Keiper, Lafayette, Ind. Discussion opened by (a) Wm. L. Ballenger, Chicago, Ill.; (b) J. A. Stucky, Lexington, Ky.

OPHTHALMOLOGIC SECTION.

1. The Relation of Chalazia, Internal Styes and Tarsadenitis. M. F. Weyman, St. Joseph, Mo.

2. Hysterical Disorders of the Eye. F. A. Phillips, Chicago, Ill.

3. Blennorrhea Neonatorum. A. Alt, St. Louis, Mo.

4. Calcareous Infiltration of the Cornea. Oscar Dodd, Chicago, Ill. Discussion opened by S. C. Ayres, Cincinnati, O.

5. Wounds of the Ciliary Body and their Treatment. J. S. Mott, Kansas City, Mo.

6. A Contribution to our Knowledge of Cortical Blindness. C. Barck, St. Louis, Mo.

AFTERNOON SESSION, 2:30 O'CLOCK—JOINT SESSION.

1. Therapeutic Value of Adrenalin. Dudley S. Reynolds, Louisville, Ky. Discussion opened by (a) W. L. Dayton, Lincoln, Neb.; (b) L. W. Beardsley.

2. Report of a Case of Vicarious Menstruation of the Retina. J. G. Huizinga, Chicago, Ill.

3. Atrophic Laryngitis. B. Tauber, Cincinnati, O.

4. The Cause and Treatment of Laryngeal Edema. Hal Foster, Kansas City, Mo.

5. Sections of the Head. (a) C. R. Holmes, Cincinnati, O.; (b) J. W. Murphy, Cincinnati, O.

OFFICERS AND STANDING COMMITTEES.

M. A. Goldstein, President, St. Louis, Mo.
H. V. Würdemann, First Vice-President, Milwaukee, Wis.

Fayette C. Ewing, Second Vice-President, St. Louis, Mo.

C. R. Holmes, Third Vice-President, Cincinnati, O.

W. L. Dayton, Treasurer, Lincoln, Neb.
William Lincoln Ballenger, Secretary, Chicago, Ill.

Programme Committee—Wm. L. Ballenger, Chairman; H. V. Würdemann, Edwin Pynchon.

Publication Committee Adolph Alt, Chairman; Wm. Scheppegrrell, Fayette C. Ewing.

Membership Committee—H. W. Löeb, Chairman; B. E. Fryer, W. L. Bullard.

Arrangement Committee—C. R. Holmes, Chairman; J. W. Murphy, Derrick T. Vail, H. Stow Garlick.

SPECIAL DATA.

A banquet will be given at the Gibson House, Thursday evening, April 11.

The Anatomo-Pathologic Museum will be in charge of Dr. John W. Murphy, Cincinnati.

Members are requested to send or bring interesting anatomical, histological and pathological specimens, with a written (preferably type-written) description of the same. A microscope will be provided for the examination of slides. New instruments may also be exhibited. A catalogue of the exhibit will be printed in the Report of the Annual Proceedings, so that the written description of specimens will be permanently preserved for future reference. Members are urgently requested to either send or bring specimens for this exhibit, and are assured that every effort will be made to preserve them from damage. Interesting drawings and photographs may also be exhibited.

Dr. C. R. Holmes and Dr. J. W. Murphy will exhibit sections of the head.

The Gibson House will be Headquarters for the Association. European plan.

OHIO STATE PEDIATRIC SOCIETY.—The meeting will be held in Cincinnati, May 7, beginning at 2 P.M., continuing through evening and following forenoon until programme is completed. The Society will meet in Convention Hall, Grand Hotel. The Grand Hotel will be headquarters of the Society. Dr. D. S. Hanson, of Cleveland, is the Secretary. Following is the preliminary programme:

1. Phlyctenular Conjunctivitis. S. C. Ayres, M.D., Cincinnati.
2. Pemphigus Neonatorum. A. Ravagli, M.D., Cincinnati.
3. Infantile Nourishment. George M. Clouse, M.D., Columbus.
4. The necessity of a More Perfect Aeration. H. H. Speers, M.D., Ravenna.
5. Bloodless Reduction of Congenital Hip Dislocation. Walter A. Stern, M.D., Cleveland.
6. Chorea. James H. Taylor, M.D., Indianapolis, Ind.
7. Criminals and Defectives, How Best to Reduce Their Numbers. J. H. McCassy, M.D., Dayton.
8. Dosimetric Medication in Pediatric Practice. M. Borts, M.D., Cleveland.
9. Subject not yet announced. R. S. Gangler, M.D., Dayton.
10. Subject not yet announced. H. J. Whitacre, M.D., Cincinnati.
11. Ohio Institution for Feeble Minded. G. A. Doren, M.D., Columbus.
12. Coal Tar Derivatives in Children's Diseases. J. B. McGee, M.D., Cleveland.
13. Acute Intestinal Obstruction. F. F. Lawrence, M.D., Columbus.
14. Chronic Intestinal Obstruction, with Report of a Case. D. S. Hanson, M.D., Cleveland.
15. Subject not yet announced. E. W. Mitchell, M.D., Cincinnati.
16. Purulent Ophthalmia. E. S. Lauder, M.D., Cleveland.
17. Subject not yet announced. G. W. Morehouse, M. D., Sparta.
18. Malignant Disease in Children, with Report of a Case. J. V. Kofron, M.D., Cleveland.
19. Strumous Keratitis and Conjunctivitis. Derrick T. Vail, M.D., Cincinnati.
20. State Provision for the Care and Treatment of Crippled Children. Frank H. Darby, M.D., Columbus.

Local Committee of Arrangements—T. V. Fitzpatrick, M.D., E. W. Mitchell, M.D., Magnus A. Tate, M.D., Bertha L. Glaeser, M.D., Frank B. Cross, M.D., Estella M. Riley, M.D.

THE UNION DISTRICT MEDICAL ASSOCIATION.—This association will meet in Rushville, Ind., Thursday, April 25, 1901. The programme is as follows:

1. Chronic Gastritis. Dr. Charles Marvel, Richmond, Ind. Discussion by Dr. W. H. Hawley, College Corner, O.

2. Assimilation or Elimination; Which? Dr. W. D. McQueen, Camden, O. Discussion by Dr. G. F. Cook, Oxford, O.

3. Tonsillitis. Dr. F. G. Hackleman, Rushville, Ind. Discussion by Dr. Garrett Pigman, Liberty, Ind.

4. Some Clinical Notes. Dr. L. D. Dillman, Connersville, Ind. Discussion by Dr. Dan Millikin, Hamilton, O.

5. Pus in the Pelvis. Dr. F. M. Barden, Hamilton, O. Discussion by Dr. L. G. Bowers, Richmond, Ind.

Dr. Mark Millikin, of Hamilton, O., is the President, and Dr. E. R. Beard, of Liberty, Ind., Secretary.

OBITUARY.—Another of the old guard has passed to the great beyond. Dr. Augustus Hoeltge died March 29, aged sixty-four years.

Soon after graduation in medicine the civil war broke out, and Dr. Hoeltge was not slow in tendering his services to the government. He entered the army and served with distinction. At the termination of the war he again took up the practice of his profession, and soon had a large business.

Dr. Hoeltge was a scientist of no mean order, being an experienced and skillful microscopist. He particularly delighted in music, in which he excelled. In everything undertaken Dr. Hoeltge did well, and was a superior man in scholarship and culture. In the highest and best sense he was a Christian gentleman.

For some months Dr. Hoeltge was in feeble health, but was able to continue his professional work until a very few days before his demise. He will be missed and mourned by a large circle of professional and other friends.

Village for Epileptics.

A bill introduced in the House of Representatives of Indiana provides for a village for epileptics, to be erected by the State. The sum of \$40,000 is to be appropriated for the purpose of purchasing a tract of not less than one thousand acres of land, and not more than \$160,000 for the erection of buildings. No site has yet been selected.—*Philadelphia Med. Journal*.

Current Literature.

**

The Curative Action of Heat by Producing Local Hyperemia in Chronic and Infectious Wounds.

At the "Gesellschaft der Aerzte" Ullmann read a long exhaustive paper on the use of heat for bringing about restitution ad integrum. After demonstrating a number of the apparatus for administering it, he showed a few patients who had recovered by this form of treatment. The first were two females, who had suffered from severe subacute affections of the joints in the hands and fingers which were presumably gonorrhœic in origin; the third was rheumatic, with large, swollen deformed joints. All of them had been under Prof. Lang for some time without satisfactory results. At this point he related the condition of two others under treatment at the present time for syphilitic affections of the joints. The cases had no trace of swellings or enlargements, as described in the morbid history of the disease. A few other cases deformed by syphilis in the upper and lower extremities had quite recovered by the same treatment. A series of ulcers, sclerosis, etc., etc., had yielded to the same procedure by means of hot air, which dried up the ulcers in a wonderfully short space of time. A large number of the ulcers were about the genitals and of an infectious nature.

He thought there was a similarity to the rays of light treatment in the hot air applications, as both acted on the superficial or deep structures, according to the intensity and the duration of either. The ferrum candens, galvano or thermo-cautery, Paquelin or Holländer's hot air spray were not so good, as they produced slough and sealed the infectious matter up in the body.

The best apparatus for applying the warm irrigation was Welander's at 42° or 107° F. Prof. Bier's apparatus (1892) was the best yet devised for the hot air, which is raised to 100° or 150° C. = 212° or 302° F. The latter temperature suits the ulceration of skin and genitals, having a serpiginous character. The great advantage of this form is in the anesthesia produced that relieves all pain, while it produces hyperemia, giving tone and vigor

to the granulations which are usually indolent in the anemic dyscrasia, and in the cachectic individual. The whole parts are usually protected by a covering of wool, thus permitting the hot air to play on the ulcer alone. The form of treatment has a double claim on the surgeon, as it is curative by hyperemic means, while it acts as a prophylactic by its bactericide property. The latter was proved by Nöltzel, who applied it to anthrax bacilli as well as streptococci with destructive results, which demonstrates its specificity. — *Vienna Cor. Med. Press and Circular.*

Early Amputation for Diabetic Gangrene.

M. Bégonin read a paper at the Surgical Society on the advantages of early amputation in gangrene of diabetes. He said that French surgery was opposed to amputation in cases of gangrene of the extremities witnessed in persons suffering from glycosuria. Some time ago, however, he had to treat a woman, aged fifty-four, who had suffered for six months from gangrene of the leg; the line of demarcation was situated at the middle third. The general condition of the patient was very unfavorable; the urine contained in the twenty-four hours four ounces of sugar. Amputation was performed and the woman made an excellent recovery. M. Bégonin concluded by saying that he was convinced that if the amputation were made at a certain distance above the line, and with rigorous antisepsy, it would save many patients that the classical expectation allowed to die.

M. Schwartz said he had amputated the leg in a case of diabetic gangrene, and, in spite of his fears, a good recovery was the result. Another case was just as fortunate, while a third succumbed.—*Paris Cor. Med. Press and Circular.*

Dysentery as a Human Disease and Its Cause.

Kruse (*Deutsche med. Woch.*, October 4, 1900) directs attention to the fact that dysentery is constantly endemic in certain regions in Germany, and at times has broken out in large epidemics; in the last few years it has been increasing in frequency until, in 1898 and 1899, there were in one locality 100 fatal cases, and in the year 1899 alone, in Barmen, there were

600 cases with 66 fatalities. In one region in which there were 300 cases with 30 fatalities, he made extensive bacteriologic studies. In the first place he found in the fresh dejections no amebæ, but small clumps of pus which contained practically only one form of organism. This was a short plump bacillus. Its cultural peculiarities were almost the same as those of the bacillus of Shiga and Flexner, it being chiefly distinguished by the fact that it was not motile. Agglutination-tests with the blood-serum of patients who had been ill for more than seven days with dysentery showed regularly an agglutination in a dilution of at least 1:50, and in some instances in dilutions as great as 1:1000. The serum of healthy persons very rarely showed such action in a dilution greater than 1:10 or 1:20. Other intestinal bacteria were tested, but they showed no agglutination. The dysentery apparently caused by this bacillus also differed from that described by Shiga and Flexner in that the chief gross anatomic change consisted in a widespread pseudo-membrane formation on the mucous membrane of the colon.—*Philadelphia Med. Journal.*

The Duty of the Physician to the State.

The recent utterance of a Philadelphia judge to the effect that it would be better that a patient should die rather than that a physician should neglect a judicial summons, has stirred up the lawyers as well as the doctors. The physician's standpoint has already been given editorially in the *Journal*, but it may be interesting to note how it is viewed by the legal profession. The New Orleans *Times Democrat* has taken the trouble to obtain the opinion of a number of leading members of the bar and judges upon the course of the judge, and their unanimity in condemnation of the opinion is striking. The expressions, "unreasonable and arbitrary," "not ruled by the ordinary law of common sense," "absurd," "inhuman," "brutal in its effects," are some indications of how the judge's action and statements are appreciated by his legal brethren. If he is at all sensitive to public opinion he will not be likely to repeat his action, which one can hardly believe was prompted by any deliberate consideration of the facts. Judges, however, are the men who, more than others, should guard their

speech and action from any suspicion of inconsiderateness, and if they make mistakes such as that of this Philadelphia jurist, must suffer for it accordingly in public and professional estimation.—*Journal of the American Medical Association.*

No More Operations for Appendicitis.

If some Paris doctors are to be believed, there will be no more operations for appendicitis. Recent experiments have shown that the much dreaded malady is due in many cases to helminthiasis, which means the presence of two kinds of worms, ascarides and trichocephali, in the cecum. In one case a doctor's daughter was about to be operated on for appendicitis on the report of two experts that it was inevitable, when she was cured by the administration of santonin. The mode of discovering the worms was by examination of the excreta, which proved to contain quantities of eggs.—*New York Herald.*

COLLODION, tincture of iodine, liquid ammonia, equal parts, to be applied widely over the parts with a camel's-hair brush, is said to give almost instantaneous relief in lumbago.—*Med. Summary.*

IT is proposed by the New Orleans Health Department to introduce the Berillon system of classification of causes of death.—*Med. Age.*

LOCAL ANESTHESIA IN HEMORRHOIDAL OPERATIONS AND ALL VARIETIES OF MINOR SURGICAL WORK.—Since there are so many people suffering more or less with hemorrhoids, and since official operations along that line have been performed only under general anesthesia, we desire to call attention to the fact that we have formulated a method by which hemorrhoidal operations are painlessly performed without the aid of general anesthesia. The operations are rendered painless by using the local anesthetic "Aestoria."

Our method of operating on hemorrhoidal tumors is as follows: First, the patient is instructed to take a cathartic the night before the operation, and an enema in the morning. With a saturated solution of boracic acid thoroughly cleanse the rectum, using a syringe or otherwise, and then immediately inject every tumor in sight with "Aestoria" until each tumor is not sensitive to the prick of the needle. Sometimes it is best to use the bivalve speculum before, sometimes after injection, and sometimes not at

all. It depends upon the condition and location of the piles.

With hemorrhoidal forceps, or Pean's artery forceps, pick up each tumor at its centre, and turn it out.

We generally use the clamp method when possible. Use Kelsey's or Pratt's clamp. After turning the tumors slightly outward with the forceps which were left hanging to them, each by turn is clamped at its base.

Then with a straight needle put in two or more stitches, as may be needed, back of clamp.

Remove clamp and cut tumor with straight scissors through the white line made by the middle blade of the clamp. There will be no hemorrhage if this line is followed. The stitches are now tied. Each tumor is thus treated. Then with hydrozone and hot water, one part of the former to five of the latter, syringe or spray the field of operation thoroughly.

The object of using hydrozone is two-fold: It is the safest and best germicide and hemostatic we have yet used, and we have tried many. Not being a poison, and depending upon the oxygen it contains for its action, renders it safe under all circumstances, both externally and internally.

As a dressing we have several times used nothing, simply cleansing with hot water and hydro-zone.

An ideal dressing is ordinary sterilized gauze moistened with glycozone. Glycozone is anhydrous glycerine saturated with ozone, a powerful germicide and promoter of healthy granulation.

To prevent pain usually caused by the prick of the hypodermic needle, touch the point chosen for insertion with a glass pointed rod, dipped into 95 per cent. carbolic acid.

To anesthetize the ear and stop earache, incline the patient's head to one side and drop into the ear about five drops of "Acestoria," or sufficient to fill the external meatus.

Use "Acestoria" hypodermically in all cases where incisions or excisions are to be made, such as operations on ingrowing toe nails, removal of splinters from the flesh, opening boils, abscesses, carbuncles, etc.—O. W. GREEN, M.D., Chicago, in *Med. Times and Register*.

A CASE OF ECZEMA.—A reader of this journal sends the following clinical report: The patient was a man, age forty-one, who had been a sufferer for the last year with eczema of the hands and wrists. This kept his hands constantly red and the itching was agonizing to a degree that almost drove him wild.

He was directed to gently wash the crusts off with hot water and some bland soap and to apply noitol every two or four hours, according to the severity of the itching.

The first application of noitol gave relief from the itching and the patient expressed great satisfaction.

He was discharged cured after having used the noitol for ten days. The patient has not suffered any pain or itching since he began the remedy; and this point impressed our physician friend greatly, because he felt that his patient was better satisfied because he got relief from the very beginning of treatment.—*Med. Progress*, February, 1901.

Translations.

MEDICINE AND MORALS OF ANCIENT ROME ACCORDING TO THE LATIN POETS.

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

I.

Lyric, Elegiac, Epic and Didactic Poets
—*Ovid, Horace, Catullus, Tibullus,*
Propertius, Virgil, Lucanus and Lucretius.

LUCRETIUS.

Lucretius only considers in his chapter on generation, that spermatic secretion, pollution and excesses induced, bring on sterility. Let us quote some passages that appear to be worth a citation:

"When the first effervescence of age is felt in the hearts of young men, when time has ripened the germs of proliferation in their members—

"Tum quibus aetatis freta primitus insinuantur,
Semen ubi ipsa dies membris matura creavit."

A crowd of "simulacres" emanates from bodies of all kinds, offering to them features of beauty joined to freshness and youth, provoking the organ filled with generating juice and opening to the ardent imagination the sanctuary of voluptuousness, exciting an abundant seminal flow, with which the night clothing is more than soiled—

"Profundant
Fluminis ingentes fluctus, vestemque cruentent."

Such are the nocturnal emissions of puberty. Then love comes to enter the scene. Lucretius describes it in the following lines:

"The heart that Venus has wounded is imprinted on the features of the young man. Aroused by the fires of some seductive woman, he flies to the arms of the object, to unite with her in a warm embrace of passion, for passion is only the presentiment of voluptuousness. There is your Venus, from which your origin of the word "love," there is the foundation source of that roseate dream that insinu-

ates itself drop by drop in the heart and afterwards develops an ocean of inquietudes. For, in the absence of the object loved, the "*simulacres*" always besiege the soul, and the name falls sweetly on the ear. But love is a wound that poisons and embitters when one tolerates it; it is a frenzy that increases from day to day if we do not choke down the malady at the very onset, by varying its pleasures to make it take on some new transports of passion."

Lucretius does not exactly hold to this point, for he continues his eulogy of physical love, when it trembles in the first transport of pleasure.

"Denique cum membris collatis flore firuunter
Ætatis, cum jam praesagit gaudia corpus."

That Venus is upon the point of fecundation, her bosom and two lovers should more closely join their lips.

But enough. The act of fecundation, as further explained by Lucretius, might shock English puritanical ears, and so is omitted, as well as the remarks of our poet in regard to venereal excesses. The English reader is referred to Dupouy for further entertainment.

As for atavism, Lucretius speaks most wisely, as witness: "When, in the intoxication of pleasure, the arid bosom of the woman absorbs the productive germs, the child will resemble the father or the mother according as the seed of the one or the other predominates.

Let us pardon some things in this poet, who wrote about twenty centuries since. He adds: "But children sometimes are born into this world who resemble their ancestors, yes even their most remote ancestors, because their parents contain in themselves a great number of principles, transmitted from father to father, who originally came from the same branch.

"Fit quoque in interdum similes existere avorum
Possint, et referant proavorum saepe figuras."

It is by the aid of this multitude of principles that the creating power varies figures and reproduces all the features, voices, hair and eyes of ancestors, because these parts are formed by fixed germs, as well as are the limbs and organs of the body."

We have had no time to examine and explain that which Lucretius says; we

have only to mention that Dally¹ does not even note the remarks of Lucretius. He states, to the contrary: "We must not forget that the question of atavism, viewed under its physiological day, is altogether new; that of heredity in general counts but two or three special treatises,² and it is not without astonishment that we find, in the most classical works on physiology, a mere mention of this powerful property."

Our learned friend defines "atavism" as follows: "The reappearance in an individual or in a group of individuals, of anatomo-physiological characteristics, positive or negative, that the immediate parents do not offer, but which their direct or collateral ancestors may have offered. The characteristics transmitted by atavism are of all orders—normal, pathological, teratological, intellectual and moral."

According to the "Bulletin of the Anthropological Society," Dally claims that it often happens that families that possess genealogical portraits find all resemblance ceasing for several generations, then suddenly there is found an exact reproduction of the features of some remote ancestor. These facts have been evidenced principally in certain cases where the races were crossed or colored. Martin de Moissy has observed families among whom "at the end of several generations there were a series of children bearing much more on their father than mother the signs of African blood, going back more than five anterior generations." He cites the case of a lady whose father was a quadroon and whose mother had traces of Indian blood; married to an Englishman of pure race they had nineteen children, who every one presented traces, not equivocal at that, of having one-sixteenth African blood.

"We can cite," says Dally, "a large number of cases where the parents of children were red headed on one side or the other, but the children were not red headed themselves, yet had families of red-headed children."

Those who agree with Quatrefages,³ that certain types of primitive men were red

¹ Dally article, "Atavism," "Dictionnaire encyclopédique des sciences médicales."

² Lucas: "Traité de l'hérédité naturelle," Paris, 1847-1850.

³ Quatrefages: "Homme fossiles et hommes sauvages," Paris, 1884.

headed, might consider as atavic all such cases of erythrism. According to Broca, the same phenomena present themselves in families of brunettes, where the recollection conserves memory when a blonde crossing occurs.

We might mention more numerous facts, and no less interesting, on atavism, but that is going away from our subject. Then we may conclude it is wrong to consider this subject as new. The pupils of Epicurus knew all about it, and sought to explain its causes.

Lucretius terminates this chapter on generation by some chapters on sterility.

Lucretius teaches very justly that it is the superstition of belief that the divinity deprives some men of the faculty of propagation, so that it is ridiculous to implore, by means of prayer and by making sacrifices, in order to obtain fecundation. "It is useless," says our poet, "to tire out the divinity and oracles by your supplications. Women remain sterile when the seed is too fluid or too thick; when it is too fluid it does not attach itself where it should, it is dissolved in liquid and flows without effect; when it is too thick its consistency prevents it from going far enough, and it does not penetrate the proper reservoirs.

"In fact," says our poet, with reason, too, "the difference of organization has a great part in the union. There are men more fecund with certain women, and women who receive from certain men the burden of pregnancy. Many women languish sterile under several marriages, when suddenly a man more conformed to their temperament enriches them with numerous progeny. There are husbands, who, after several unfruitful marriages, find in some new companion a support for even old age. When the proper temperaments are properly intermixed all goes well.

"The quality of food, too, is another thing to be observed. There is sometimes a thickening of the generative fluid; there is also an attenuating or dissolvent action.

"The manner in which procreation is to occur should not be neglected," remarks Lucretius. "People should model after the connection of animals, because in this attitude the horizontal situation of the chest and the elevation of the kidneys favorizes the direction of the generative fluid. Nevertheless, women should not

excite by lascivious movements and cause immoderate exhaustion on the part of men. Such lascivious movements are an obstacle to fecundation; they turn the germs of creation from their real purpose. Honest women cannot afford to give way to the criminal artifices of prostitutes. Let them remember that men who desire to raise families are, as a rule, not lascivious."

So ends the fourth book of Lucretius, that is, after all, only the science of Epicurus, the real author, a man not only regarded as a god, but even one who raised himself above the ordinary divinities; his discoveries, even in the light of modern science, deserve apotheosis.

Lucretius explains the cause of contagious maladies, and remember this was two thousand years ago. The medicine then was good, the teaching on a scientific basis.

Lucretius explained the cause of contagious maladies by the presence in the atmosphere of an infinity of corpuscles of all varieties some of which were necessary to life, others of which engendered disease and death. "When the chance occurs," says our poet, "a great number of the latter kind in the air corrupt it and render it fatal. These active and pestilential maladies are transmitted to us from foreign climates by means of the air, like fogs and tempests; they arise from the bosom of the earth, too, in which the humid soil has putrefied the germs by alternations of rains and heat."

Among the conditions that preside at the evolutions of epidemics our hygienists place in the first line temperature, climate, altitude, latitude, local conditions, and methods of propagation.

Lucretius does not forget to mention the influence of climate. "What difference," says he, "between the atmosphere of Brittany and that of Egypt!"

"Nam quid Britannum coelum differe putamus,
Et quod Egypio est?"

"What a difference between the climate of Pontius and that of the vast regions that extend from Gades to peoples consumed by the sun! These four countries and climates, of a very different kind, also vary the natures of the diseases to which they are subject.

"Et morbi generatim saecula tenere."

"It is thus," adds Lucretius, "that

elephantiasis is a disease that arises on the Nile—

"*Est elephas morbus, qui propter flumina Nili.*"

in Egypt and few other places. For the climate of Attica is contrary to the limbs; that of Achea unhealthy for the eyes; other countries attack other portions of the body; all these differences arise from the atmosphere."

After the preliminary upon the action of climates, winds, locality and country, and their effects on mankind, Lucretius comes to describe the plague at Athens that alone is a masterpiece of ancient medical literature. He makes his etiology in the following terms:

Born at the end of Egypt, after traveling over immense spaces of air and sea; it came to strike the peoples of Attica, who fell in multitudes from the disease and died.

"These are the prodroma:

"The plague commences by a devouring fiery pain that burns the head; the eyes grow red and inflamed. The interior of the throat is bathed in a black phlegmy blood, and the canal that holds the voice is choked and filled with ulcers.

"*Principio, caput incensum fervore gerebant,
Et duplices oculos suffusa luce rubentes.
Sudabant etiam fauces intrinsecus atro
Sanguine, et ulceribus vocis via septa coibat.*"

"The tongue in plague patients is covered by blood, is sore and rough to the touch."

Lucretius now comes to the best symptoms of the malady:

"All the forces that sustain life are at once exhausted—

"*Omnia tum vero vitai claustra lababant.*"

"The mouth exhales a fetid odor, like to that of a decaying body; the mind fails, and the body languishes so that one feels that the threshhold of death is nearly reached. To these insupportable ills is joined the torment of continual disquietude, complainings, and groans exhaust the patient.

"The entire body becomes red, as if inflamed by ulcers or that sacred fire that overspreads the limbs—

"*Et simul ulceribus quasi inustis omne rubere
Corpus, ut est, per membra sacer cum diditur
ignis.*"

This sacred fire (*ignis sacer*) is erysipe-

las, that certain ignorant translators have translated as epilepsy, or *morbus sacer*. The poet's comparison is not bad to designate this particular redness of the skin.

Lucretius completes his symptomatology by mentioning the awful heat that is felt in all the organs, and the inextinguishable thirst that leads the sick to throw themselves into rivers and drink immoderately.

"Soon pain leaves no repose for the sick, insomnia is continual, the extended limbs lose all power of movement, and medicine seems to have no effect; the physician stammers and trembles at the bedside of the sick—

"*Mussabat tacite medicina timore.*"

In modern times, even upon the battle fields of science, physicians may sometimes be embarrassed, but they do not tremble. Victims of professional duty are no longer even considered by a sordid world.

"This grand pathological drama ends by a considerable agitation, buzzing in the patient's ears, quick and labored respiration, profuse sweating, dryness of the mouth, chills and rigidity of the muscles of the hand.

"Finally," adds Lucretius, "at the last moments their nostrils were contracted and shriveled out—

"*Item ad supremum denique tempus
Compressae nares, nasi primores acumen
Tenue.*"

"Their eyes were sunken, temples wrinkled, skin rough and cold, lips drawn thin, forehead corrugated and projecting. So death usually came on after eight or nine days of great suffering."

Among the particular phases of the disease Lucretius speaks of certain patients who only succumbed after a period of remission, or following a nasal hemorrhage, or yet, again, after nervous symptoms. It also sometimes happened that the organs of generation were attacked in such a way that the unfortunates, in the hope of avoiding death, gave themselves up to the knife.

"*Et graviter partim metuentes limina lethi
Vivebant ferro privati virili.*"

"As for treatment, there was none," says Lucretius, "that is, no remedy that was sure; the same medicine that prolonged the life of one was dangerous for another."

Last detail to describe, bodies were buried or carried to a funeral pyre, as the family of the deceased wished, wholly without any control of the authorities, an advantage not possessed by official sanitation governed moderns.

We have now spoken enough of the plague; let us view Lucretius, then, as a psychologist.

Our poet considered that the mind and body were one, and he thus tried to prove his proposition. The mind, being tormented by cares, sadness and affright, as the body is by pain and sickness, must, accordingly, participate in the same death.

In physical diseases reason is often astray, delirium and dementia carry off the mind. Sometimes a violent lethargy plunges one into the eternal sleep. The patient hears no voices, does not recognize the features of those about who strive to recall life.

Since the contagion of the disease thus reaches the mind, it is necessary to conclude that it is as much subject to dissolution as the body, for an oft repeated experience teaches us that pain and disease are the two real ministers of death.

This argument is far from strong, for the mind never manifests itself save by the aid of the healthy brain, and all efforts are impotent with any diseased organ. The same observation applies to alcoholic delirium, that our poet describes in the the following manner :

“ When the subtile part of the wine—

“ Vini acris vis—

“ we say to-day the alcoholic part—has been introduced into the body of man—

“ Penetravit hominem—

“ and flows through the circulation—

“ Et in venas discessit diditus ardor—

“ the victim’s limbs become weary, his walk uncertain, steps staggering, his mind incoherent, his eyes wavering—

“ Consequitur gravitas membrorum, praepedita
unter

Crura vacillanti, tardescit lingua, madet mens,
Nant occuli.

“ Why this crisis, the hiccough, the profound modification of character in cases of drunkenness? What does it signify if it be not the force of the liquor that attacks the mind itself? Now, all substances that are altered or disturbed must

necessarily be destroyed and deprived of immortality, if exposed to a superior cause.”

Let us leave the philosophic side of the question to Lucretius, and he gives a curious description of drunkenness in its second degree. Without transition, and perhaps rightly, he shows us an attack of epilepsy, *apropos* to which he renews his reasoning upon the condition of inertia of the mind during the duration of the pathological drama.

“ Sometimes,” says he, “ an unfortunate attacked by a malady suddenly falls at our feet as though struck by lightning. His mouth foams, his chest heaves, his limbs are agitated; he is rigid, out of breath, tormented, and yet senseless.

“ Quin etiam, subita vi morbi saepe coactus,
Ante oculos aliquis nostros, ut fulminis ictu,
Concidit, et spumas agit, ingemit, et tremit
artus,
Desipit, extentat nervos, torquetur, anhelat
Inconstanter et in jactando membra fagitat.”

Lucretius follows this up with a picture of the convulsive neuroses, that have a most perfect clinical exactitude; he remarks :

“ Psychal disorders ulteriorly arrive, provoked by disturbances of the mind and soul, that exercise an influence on the faculties. Afterwards, when the morbid attack is passed, the patient rises; at first he staggers, then little by little recovers his senses and his reason.

“ Tum quasi vacillans primum consurgit, et
omnes
Paulatim reddit in sersus, animamque receptat.”

As another proof of the solidarity of the existence of mind and body, Lucretius examines what occurs during the syncope; without quitting the seat of life, the mind, shaken and shocked by violence, appears on the point of leaving its tenement; the face grows livid as at the moment of death, and the limbs, in a state of rigidity, seem ready to be detached from the body, *in which the blood no longer circulates.* “ Such is the state,” he adds, “ of a man who falls helpless and loses all consciousness, a terrible attack in which all the forces of the body seek to rend the bond that unites them. For the entire mind falls with the body, and would perish should the shock be more violent.”

The conclusions drawn by our author from these examples is that the mind is

born and dies at the same moment as the body. "But what does it matter?" says he; "there is nothing to fear about death; life is a continual death that delivers us from prejudices, chimerical terrors and devouring disquietudes. Besides, in living a longer time we would always inhabit the same earth, and nature would not invent new pleasures for us."

"*Praeterea, versamur ibidem, atque insumus usque;
Nee nova vivendo procuditur ulla voluptas.*"

This contempt for death and for the terrors with which it inspires weak minds has been well rendered by Cabanis.¹ Cabanis formulated the following conclusion, imitated from Lucretius:

"No, without doubt, in Death itself there is nothing to fear in the eyes of Reason. All that makes death painful is to leave our dear ones behind; it is there, in fact, that our true death resides. As to the cessation of earthly existence, it can only shock feeble imaginations, incapable of justly appreciating that which they are quitting for that which they may find; wicked souls often regret the past, so badly put to profit, joined to the avenging terrors of a doubtful future. For a wise spirit, for one with pure conscience, death is only the turn of life; *it is the evening before a most beautiful coming day.*"

Is not this philosophic spirit of resignation far preferable to the fear inspired by microbes and bacilli, that are just as difficult to determine and reach as the corpuscles and deleterious miasms of Lucretius?

[To be continued.]

Belladonna in Strangulated Hernia.

V. B. Zagursky (*Meditzinskoie Obozrenie*) gives details of five cases of incarcerated inguinal and umbilical hernia, in which after failure of taxis he resorted to the internal administration of extract of belladonna (quarter grain every hour) the result being that in every one of the cases spontaneous reductions took place after four or six doses. The effect is attributed to the powerful antispasmodic properties of the drug.—*Indian Lancet.*

¹ Cabanis: "Rapports du physique et du moral de l'homme," Paris, 1844.

Book Reviews.

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An American Text-Book of Diseases of the Eye, Ear, Nose and Throat. Edited by G. E. DESCHWEINITZ, A.M., M.D., Professor of Ophthalmology in the Jefferson Medical College, Philadelphia; and B. ALEX. RANDALL, M.A., M.D., Ph. D., Clinical Professor of Diseases of the Ear in the University of Pennsylvania; Professor of Diseases of the Ear in the Philadelphia Polyclinic. Illustrated with 766 engravings, 59 of them in colors. Philadelphia: W. B. Saunders, 925 Walnut Street, 1899.

The present volume bids fair to be only second in popularity to the famous "American Text-Book of Surgery." It is hardly necessary at this late day to speak of the value of treating these various specialties together, nor of the so-called method of collaboration. Probably never before in the history of American medicine have so many distinguished specialists, sixty in all, been associated in a literary undertaking. We note the names of Drs. S. C. Ayres and C. R. Holmes. In addition to the ordinary text-book routine, in the section on the eye special articles have been prepared devoted to such topics as the practical work of examination for color-blindness among railroad employés, the X-ray in ophthalmology, operations upon animals' eyes, and micro-organisms having etiological relationship to ocular disorders; under nose and throat diseases, such text-book novelties as syphilis of the air-passages, neoplasms of the upper air-passages, neuroses, the voice—its production and hygiene, have all received careful attention. The illustrations are new, profuse and as a rule excellent; indeed, the entire work is of so high a grade and so suitable for specialists, practitioners and students alike as to place it at once in the front rank of modern textbooks on these specialties. M. A. B.

Pulmonary Consumption, Pneumonia, and Allied Diseases of the Lungs: Their Etiology, Pathology and Treatment, with a Chapter on Physical Diagnosis. By THOMAS J. MAYS, A.M., M.D., Professor of Diseases of the Chest in the Philadelphia Polyclinic; Visiting Physician to the Rush Hospital for Consumptives. Illustrated. New York: E. B. Treat & Co., 241-243 West Twenty-third Street, 1901. \$300 net.

This is a remarkable book in many

ways. In the first place, there is made a consistent attempt to classify pulmonary tuberculosis as a neurosis to which the breaking down of lung tissue as merely a necessary sequel. Such an idea has been advanced several times before, but probably never before has the subject been followed up in the masterly way here depicted. Regarding the disease as directly depending upon some involvement of the central nervous system or of the pulmonary vagus, the author has then evidently delved deeply into the literature and has unearthed many cases and opinions that lend weight to his theory; unfortunately, he has not taken into sufficient account the accumulated weight of evidence in favor of directly opposite views. He is consistent in that he stoutly maintains that the only remedies of value in phthisis are those that act through the nervous system. However much we may differ from Dr. May's conclusions, in reading his book one cannot but admire and indeed often admit the truth of his arguments. He has devoted almost half the book to the elaboration of this neurological etiology of pulmonary tuberculosis, and his efforts are worthy of the highest praise and make most excellent reading for the student of medicine. But the book is also of value in the pure line of diagnosis, the tables of differentiation of the various chest affections deserving particular mention. Diseases of the lungs other than those tubercular are dealt with at some length, but they are also looked upon but as local expressions of some organic brain lesion, or of an involvement of the pulmonary vagus. M. A. B.

A Treatise on Appendicitis. By GEORGE RYERSON FOWLER, M.D., Professor of Surgery in the New York Polyclinic; Surgeon to Methodist Episcopal, Brooklyn, German and St. Mary's Hospitals.

This treatise is dedicated to the memory of Dr. Ernst Krackowizer as a recognition for the valuable services rendered to the author, and is now placed before the profession as a second edition. Dr. Fowler has given us a work thoroughly modern in every sense of the word, and the publishers have given us a beautifully printed and illustrated volume.

This book begins with the anatomy and ends with the after-treatment of appendicitis, in all dividing the subject into twenty-four chapters. In every chapter

interesting cases are related which are very instructive to the beginner as well as to the advanced surgeon. Our criticism is only one of praise, and the author is to be congratulated in having the happy faculty of expressing his views in such a practical, plain, straightforward manner. Every surgeon will find a prominent place on his library shelf for this work, as it merits just recognition. M. A. T.

Is Salicylic Acid Injurious?

A firm of wine manufacturers in the north were summoned a few days since for selling ginger wine which contained thirteen grains of salicylic acid to the pint, and, after listening to some very conflicting medical evidence, the magistrate dismissed the case. In this instance we are disposed to acquiesce in the magisterial view, because ginger wine is not a beverage of which any one would be likely to take large quantities in a limited time, so that the comparatively large percentage of the acid would find its way into the body very gradually. It is quite otherwise in the case of milk, beer, or lighter wines, which are consumed in much larger quantities. Each case must be judged on its merits. There cannot be two opinions as to the injurious effects of the continuous ingestion of salicylic acid in large quantities, and this point should be borne in mind by sanitary authorities in deciding whether or not proceedings ought to be taken. Every abortive action of the kind is detrimental to the administration of the law, and creates a prejudice against its officers, so that prudence and common sense ought to go hand in hand in the endeavor to secure the purity of articles of food and drink.—*Med. Press and Circular.*

DR. HERMAN KNAPP has presented to the New York Ophthalmological and Aural Institution a gift in the form of a deed of the buildings at present occupied by it, namely, Nos. 44-46 East Twelfth Street.—*Med. Age.*

THE University of Pennsylvania exhibit, which was one of the most complete in the Paris Exposition education department, will be brought to Buffalo for the Pan-American Exposition this summer.—*Med. Age.*

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

APRIL 13, 1901.

WHOLE VOLUME LXXXV.

ACUTE LOBAR PNEUMONITIS.

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SOME INTRODUCTORY CONSIDERATIONS.

All of the prominent features of this subject cannot be comprehended in a single article, unless it partakes of the nature of an exhaustive monograph. My purpose, consequently, shall be to discuss some of the most important introductory characteristics and to make some practical and useful suggestions in the way of a successful treatment.

Internal medicine possesses no greater or more important medical problem than pneumonia. Every physician engaged in the practice of general medicine must inevitably encounter and treat numerous patients suffering from acute lobar pneumonitis. His success as a practitioner may, in a general way, be measured by his ability to cope successfully with this disease.

The nomenclature of the disease under consideration is expressed by a variety of synonyms, such as croupous pneumonia, fibrinous pneumonia, lobar pneumonia, pneumonitis, pneumonic fever, and, in common language, lung fever or winter fever. Recently the disease has been designated by the term "pneumococcus infection," a name that clearly indicates its most frequent etiologic factor. My remarks in this paper will be confined strictly to ordinary pneumonia—*febris pneumonica*.

Pneumonitis may be defined as an acute infectious disease of bacterial or microbic origin, characterized anatomically by an inflammation of the lungs or an integral portion of these organs; manifested clinically by well-defined objective and subjective symptoms, such as high fever, cough, dyspnea, rusty sputum, and physical signs indicative of pulmonary consolidation. It is an affection which is

readily recognized during life and one which leaves unequivocal and indubitable evidences or traces of its presence after death.

No disease has a more widespread or extensive prevalence than lobar pneumonia. Judging from mortuary statistics, it is the most dangerous of the acute infectious fevers. The death-rate is higher than that of diphtheria, and approaches that from pulmonary tuberculosis, the so-called "white plague." We have every reason to believe that the death-rate from the majority of the acute infectious diseases has been decreasing during the last quarter of a century. This is unquestionably true with reference to typhoid fever, diphtheria and tuberculosis, but such is far from the case with pneumonia. This malady has not only been rapidly and steadily increasing in morbidity, but there seems to be an increased mortality in recent years in some localities.

To illustrate the great fatality and widespread distribution of this disease, it is only necessary to quote from the census report of 1890, which indicates that 76,496 persons died of pneumonia in the United States during the preceding year. This gives no adequate conception of the enormous number of people who suffered from its ravages, but who succeeded in recovering. In Indiana more than one thousand individuals succumb annually to this dread disease.

Pneumonia is not only a malady which is ubiquitous, frequent, severe and dangerous, but, strange to relate, even now, after having passed the portals of the twentieth century, judging from trustworthy and authentic vital statistics and from the statements of those who know, we are bound to confess that its prevalence, fre-

quency, severity and dangers have not been mitigated or diminished to any noteworthy extent. This may be a reflection upon our immediate predecessors, but it can be little less than a positive reproach upon the present generation of active practitioners. The generally accepted expectant course of treatment is signally unsatisfactory, although it is productive of slightly better results than the spoliative treatment of a generation ago.

PATHOLOGY AND ETIOLOGY.

Until quite recently it was unquestioned that the inflammation of the lungs was the cardinal and essential feature of pneumonia. The various symptoms and conditions were considered more or less dependent upon the severity, extent and intensity of the inflammatory process. This idea has been materially modified by later researches. At the present day the accepted pathology of pneumonia is that it is a general disease, depending on a specific cause, and the inflammation of the lung is a mere local circumstance or condition—the result of the invasion and multiplication of the pathogenic micro-organisms.

The newer pathology, as a corollary of modern bacteriology, teaches that this disease is a general or systemic toxemia, resulting from the formation of toxins, produced by the growth and development of the diplococcus or pneumococcus in the lung. This toxemia very naturally produces decided effects on the nervous system, the circulatory organs, and the digestive tract. One of the chief morbid lesions, in addition to the various organic, structural and functional disturbances of these important organs, is an inflammatory condition of the pulmonary vesicular walls and the smaller bronchi. The pulmonic symptoms are due entirely to the direct irritative effect of the bacterial growth, which results in the formation of a solid, fibrinous exudate filling the air vesicles. In this manner the functional pulmonary circulation and respiration are interfered with by mechanical pressure. This condition constitutes one of the most interesting periods of the disease—the stage of red hepatization.

SYMPTOMS AND DIAGNOSIS.

As a rule, the diagnosis of lobar pneumonia is made with great ease and facility.

As a disease of the aged it sometimes presents symptoms which are ill defined, obscure and misleading. Cases belonging to this category were happily personified by Flint under the expressive term of "sneaking pneumonia."

In typical cases the access or onset is sudden, usually beginning with a chill, more or less decided, and a sharp pain in the side, followed by a rapid rise of temperature, cough and the characteristic, bloody or rusty, translucent and tenacious expectoration, increased frequency of respiration, disturbance of the circulation, changes in the blood and urine, the latter becoming scanty, high-colored, deficient in chlorides, and often albuminous, and the evidences of the solidification of one or more lobes of the lungs. The disease quickly attains a high degree of severity and steadily maintains this condition for a period embracing a week or nine days. At the end of this time, while the lung is still completely hepatized, there is a rapid entrance upon convalescence; or, if the issue is unfavorable, death will follow in a few hours after the onset of alarming symptoms.

In addition to the foregoing symptoms, the face or one of the cheeks is often flushed; the lips are cyanosed and very frequently the seat of an herpetic eruption; the tongue is heavily furred, and the bowels constipated.

PROGNOSIS.

The high death rate affords sufficient evidence of the gravity of the prognosis in cases of pneumonia. The average mortality is probably in the neighborhood of 20 to 25 per cent., while the fatality in old age—beyond sixty years—is somewhere between 60 and 80 per cent. In the language of Osler: "Pneumonia may be said to be the natural end of old people in this country."

When the conditions and environments are more favorable, it is my belief that the mortality can be reduced greatly below the figures named, provided a more efficient and scientific treatment is adopted—a treatment, in short, which is strictly up to date. I have known of instances in which the therapy bordered on the absurd, and again, a circumstance of more deplorable consequences, the treatment of cases in which some of the remedies used were inherently calculated to be productive

of positive harm. Pneumonic patients seldom need treatment that tends toward the production of death. Ignorance is not a valid excuse for crime or mal-treatment on the part of any physician. Much of the ordinary treatment of pneumonia is not above criticism.

In this latitude and climate the mortality should not be very considerable, provided that the inflammation occurs in one lung only, and in cases in which the patient has not reached extreme old age. Those who have been addicted to alcoholic debauches are more liable to die, and the same is true of those whose general strength is below par and whose hearts are abnormal. The mortality in my individual experience and practice is certainly very small. Out of nearly one hundred cases, of all classes and descriptions, young and old, I have had but two deaths. A number of my patients had passed beyond the age of sixty years, and one or two had indulged to excess in alcoholic spirits. The two fatal cases mentioned were each about seventy-five years old, and both were greatly debilitated as a sequence of la grippe.

To prognosticate with absolute and unerring certainty in certain individual cases may sometimes require ripe judgment. Aside from complications and the condition of the heart, the importance of which is well enough understood to make further comment superfluous, it is the degree of toxemia or septicemia, manifested by delirium, cardiac feebleness and general exhaustion, on which a prediction should be based. The patient's inability to take or assimilate sufficient nourishment is a bar to a fortunate issue. Progressive and profound prostration, coming on early, in spite of generous stimulation, is of evil import, since it is indicative of the depressant effects of the toxins on the nerve centres.

Other unfavorable symptoms that should promptly arouse the physician's suspicions are great dyspnea and cyanosis or lividity of the face; rapidly increasing involvement and consolidation of both lungs, and a dark-colored sputum, commonly spoken of as the prune-juice expectoration. Delirium, either active and violent or low and muttering, accompanied by great prostration, with or without Cheyne-Stokes breathing, constituting the so-called typhoid state, is an unfavorable syndrome.

As an aid to prognosis in cases of pneumonia, lobar or lobular, I would especially call attention to the following peculiar condition: In a case in which the patient is yet conscious, but who presents a certain amount of dyspnea, which is readily recognized by the medical attendant or on-looker, but which is apparently unappreciated by the patient, it is wise for the physician to be on the alert—it is always of grave import. When this difficulty of breathing is accompanied by a rhythmic rising and falling of the trachea and by a peculiar clicking noise during respiration, the clicking continuing after an act of coughing—a noise which is difficult to describe, but which is not easily forgotten when once heard—*the patient is nearing the end*. This sign is, so far as my observation extends, of pathognomonic importance. My opportunities for noticing this sign have been much more extensive in lobular or catarrhal pneumonia than in the lobar variety. Its prognostic value depends largely upon the fact that it precedes or antedates all others which positively denote the approach of death.

THERAPEUTIC MANAGEMENT.

There is a wonderful diversity of opinion among physicians as to the utility or as to the best methods of treating pneumonia. Every shade of belief, from blind fetishism to the most unreasoning skepticism, is entertained. This personal equation extends likewise to the authors of our standard text-books on the practice of medicine. Some physicians have their favorite remedies for each of the various stages; while others manage their cases from first to last on the purely expectant plan—they expect something good to happen. It is not unusual, on the other hand, for the medical attendant, as was so correctly stated by Dr. Quine, when confronted by a case of acute lobar pneumonitis to begin at once a vigorous therapeutic bombardment which is continued till the patient is dead or well. It is not to be forgotten that the theory and practice, the art and science, of medicine do not always coincide and go hand in hand.

Osler, with his characteristic conservatism, declares that "Pneumonia is a self-limited disease which can neither be aborted nor cut short by any known means at our command. Even under the most

unfavorable circumstances it may terminate abruptly and naturally without a dose of medicine having been administered. There is no specific for pneumonia."

It does not follow that the rational symptomatic and palliative therapy of this disease is either unscientific in theory or useless in practice. It seems to me, moreover, that the physician fails to work for the best interests of his patient who does not make an attempt to institute abortive treatment when the case falls under his care early in the first stage. I am quite sure that a considerable percentage of the incipient cases of pneumonia can be absolutely aborted or jugulated. My authority for this statement is based upon my own experience. The idea that pneumonia can be aborted will be accepted by a vast army of medical practitioners of wide experience and scientific attainments; and who will be so bold as to deny that the early morning of the new century may not produce an absolute specific for this disease, placing it in the category of the preventable and curable diseases? Stranger things have happened in the annals of modern medicine. No effort should be spared to discover this specific.

OBSOLETE TREATMENT.

The remedies hitherto advocated as specifics before the expected plan became so universally popular were selected principally by virtue of their antiphlogistic, antiplastic and antipyretic properties. Calomel became popular on account of its supposed antiplastic effects; veratrum viride was regarded as the ideal antiphlogistic; and quinine was extensively used by reason of its well-known antipyretic power, when given in large doses. Pneumonia was then erroneously regarded in the same light as a simple, local inflammation.

SPECIFIC TREATMENT.

Bacteriological studies have demonstrated to a certainty that true lobar or croupous pneumonia is a *pneumococcus infection*, and this is a great step in advance of former doctrines. It paved the way for a more scientific therapy. Since we have learned the true etiology and the exact anatomical characters of the disease, it is easily possible oftentimes to *abort, abridge and otherwise favorably modify the course of the disorder*. Without wish-

ing to appear overconfident, I am not mistaken when I say that I have done these things repeatedly during the last three years. More than this, it is within our power, having a clear idea of the disease processes and of the treatment required, to avert promptly the dangers and successfully ward off and overcome the baneful influences tending to a fatal termination.

THERAPEUSIS.

With our knowledge of the true pathology of croupous pneumonia, may we not believe that we have at hand a genuine specific and proceed to use it, or shall we sit calmly and placidly by the bedside and study the interesting clinical phenomena from day to day, awaiting the crisis or a fatal termination—trusting to luck, as it were, with only symptomatic treatment? For my part, I feel that I can treat pneumonia now infinitely better than I could on the day when I left the amphitheatre of the medical college.

Let us not be unmindful of the fact that an infallible specific for a disease like pneumonia, with such an appalling death-rate, means much. The true specific which shall be applicable to all cases, must either inhibit the development of the pneumococcus in the lung, by directly destroying it or by rendering the soil unfavorable and inimical to its culture. Failing to do this, it must act as an antidote to the toxins produced in the body. It is utter folly to search for a remedy for this disease on any other lines. Such a remedy must at the same time be harmless. With these rigorous, but necessary, conditions and requirements in view, there are only two or three remedies in the pharmacopeia which so far give any promise of brilliant results.

THE CARBONATE OF GUAIACOL.

Within the last two or three years a few therapeutic and clinical investigators, knowing its value in pulmonary phthisis, have made some exceedingly interesting studies of the use of guaiacol carbonate, otherwise called *duotal*, in lobar pneumonia. These advanced experimenters have urged very strongly upon the medical profession further trials of this remedy as a specific in this disease. This drug possesses many advantages which are perfectly patent to those thoroughly versed in mod-

ern therapeutics and pharmacology. It can be taken in large doses without harm or unpleasant after-effects. This remedy is eliminated in part through the lungs, giving it a double action. We know that the carbonates of guaiacol and creosote can be taken in doses approaching a drachm without any irritation of the stomach or the gastric mucosa, and after being slowly decomposed in the intestines, they liberate the contained creosote or its active principle, so that the blood is constantly charged with it.

THE SALICYL COMPOUNDS.

During and since the year 1898 a number of favorable reports have been made from the use of large doses of sodium salicylate. Under this treatment recovery ensued in every case and the duration of the attack was materially shortened, the temperature dropping to the normal not later than the fifth day, when convalescence became established. One objection that might be urged is the possible gastric disturbance that may be produced when large quantities are administered. The treatment is still highly recommended, and while many cases yield promptly to salicylic acid, just as in the case of rheumatism, some cases may prove refractory.

At all events, in the use of duotal, creosotal, or one of the salicyl compounds, we have the nearest approach to a specific in the treatment of pneumonia. They will apply to all cases on antibacterial grounds. Repeated trials and experience have shown that they will do no harm and they will in no manner interfere with the treatment of symptoms. My use of these remedies, especially the creosote derivatives, has been satisfactory in every case. With these two remedies, so full of promise, let scientific and collective investigation proceed, and with their use let us hope that as much may be accomplished with them in the way of a specific for croupous pneumonia as we have done already in the treatment of malaria, syphilis and diphtheria. It matters but little if the value of a remedy is discovered by empiricism so long as it fulfills its mission of curing disease and saving life. Up to this time we are justified in placing enthusiastic reliance upon guaiacol carbonate and the salicylates in pneumonia, giving preference to the former in cases advanced beyond the stage of congestion in the en-

feebled and debilitated, or where there are serious heart lesions.

SYMPTOMATIC TREATMENT.

Notwithstanding my abiding faith in the remedies just considered, I do not wish to be understood as underestimating the value and importance of properly directed symptomatic treatment. Dangerous tendencies and conditions can be thwarted in all cases and in all stages. Especially should cardiac weakness and asthenia be met with vigorous, and, if necessary, with heroic treatment.

Strychnine is a remedy in the highest esteem with the medical profession. The addition or conjoint use of this excellent excito-motor and cardiac stimulant to the salicylate treatment obviates largely any depressant effect upon the heart. It is a valuable adjunct in many cases in which duotal is the main dependence. The effects of alcohol in this connection are too well known to require discussion or to be omitted by the careful physician when the indications arise.

Digitalis has a place in the therapeutics of pneumonia; according to some practitioners, a very prominent position, but it should, as a rule, it seems to me, be reserved for irregular, flagging and enfeebled heart action.

No drugs for relieving the asthenia and passive congestions and as cardiac stimulants are in greater repute than the ammonium salts. The carbonate may be used in doses of five to ten grains, or an equivalent of the aromatic spirits, every two hours. With some physicians the chloride, formerly designated as the muriate, is a favorite remedy.

Codeine, or, if the necessity arises, morphine or heroin, in small doses, for the relief of the cough, pain, restlessness and delirium, is perfectly admissible.

Calomel and saline laxatives are available remedies for constipation or sluggish portal circulation.

The hot jacket poultice is an efficient measure, and is much employed, especially in the first stage. Other local applications may be substituted.

The synthetic coal-tar preparations, such as acetanilid, phenacetine, lactophenin, ammoniol and thermol, possess remarkable properties in lowering arterial tension and in reducing the temperature. In sthenic cases they may be used *cautiously*.

as anodynes and antipyretics, but their use should be tentative only. On the whole, any extensive use of these new drugs in pneumonia is to be deprecated.

The inhalation of oxygen may sometimes prove effective upon the approach of cyanosis. Theoretically, it is indicated in certain cases, but in actual practice, after the conditions have arisen which urgently demand its administration, the patient, although temporarily improved, will often drift on to death. It is the best policy to strive in all possible ways to prevent the condition which demands its use.

Venesection is practically obsolete now-a-days, and it is not likely ever to regain its prestige and popularity, although it was formerly much prized. A few cases have recently been reported of simultaneous bleeding and transfusion—blood-washing, as it may be designated. The intravenous injection of a normal saline solution undoubtedly possesses much merit, and its timely use would doubtless save many lives. I should not feel disposed to allow a patient to die from lobar pneumonia without resorting to this expedient.

The anti-pneumonic serum is still under investigation, but the prospects are not flattering that it will be found to possess any great prophylactic or curative powers.

ALKALOIDAL THERAPY.

During the last decade a considerable amount of literature has appeared concerning the alkaloidal or alkalometric medication in pneumonia. Some extravagant claims have been advanced as to its potency. A few of the exponents of this plan boldly assert that practically every case of pneumonia can be jugulated or aborted when the active principles are used in small doses, frequently repeated.

In accordance with my understanding of the method, the treatment begins with repeated doses of effervescent saline laxatives, to be followed by intestinal anti-septics, the sulpho-carbolates being used for this purpose. All cases are given sufficient digitalin to steady the heart and enough aconitin to subdue congestion, relax cutaneous vaso-motor spasm, equalize the circulation and moderate the fever.

In *sthenic* or dynamic cases veratrine is administered, and in *asthenic* or adynamic patients strychnine arsenate is added to the treatment. All of these remedies are used in alkaloidal doses. By using these

so-called "arms of precision," it has been asserted that no patient should die, unless he is in the last stages of some incurable disease, and nature simply sends him pneumonia as a means of putting an end to his suffering.

SOME POPULAR FALLACIES.

Many remedial agents have been used in croupous pneumonia and are still prescribed with the utmost confidence, but some of these favorite remedies had better be omitted for the welfare of the patient. It is a mistake to prescribe a bad or indifferent combination for the sake of "doing something."

In a great many instances, if not in the majority of cases, it is a question whether it would not be advantageous to dispense with digitalis, ergot, acetanilid, quinine, aconite, veratrum viride, and a considerable number of other drugs so implicitly relied upon by various physicians.

I am frequently asked by patients if they will have to cough up or expectorate the exudate in the lungs. This is not a matter of surprise at all, because the public in general is not supposed to be versed in pathological details, but it is certainly a matter of amazement as to the number of physicians who persistently prescribe expectorants, with the idea of removing the exudation. Every student of pathology and morbid anatomy should know that this exudate is removed almost entirely by resolution and absorption, not by expectoration. Until the medical practitioner has learned this simple, elementary fact, he has failed to grasp the underlying and fundamental principles of pneumonia. Stimulating expectorants are, consequently, always useless and generally detrimental.

A word may be said in reference to blisters. Their use, during the career of pneumonic fever, should be discouraged and abandoned, notwithstanding that their application is frequently insisted upon by the friends of the patient. All of the beneficial effects of blistering may be derived from rubefacients, stimulating liniments, and counter-irritants.

CONCLUSIONS.

In the therapeutics of acute lobar pneumonia I would emphasize the following points:

1. The main reliance in the drug-treat-

ment of pneumonia should be placed upon the generous use of *duotal* or *creosotal*, and as an auxiliary or substitute treatment, large doses of *sodium salicylate*.

2. The great majority of pneumonic patients tolerate well and require large doses of strychnine, either the sulphate or nitrate, especially in those cases manifesting symptoms of exhaustion, cardiac weakness or asthenia. This remedy is particularly valuable in enfeebled elderly persons.

3. Stimulants such as alcoholics, in small or large doses, *pro re nata*, are often of the greatest importance and service. To overcome the pulmonic congestion or hyperemia and to prevent cardiac thrombosis, the ammonium preparations will be found extremely serviceable. In the pneumonias of drunkards, as well as with aged persons, whisky or brandy may be considered a *sine qua non*.

4. Give as little medicine as will meet the indications, so that gastric disturbances may not arise, thereby destroying what few chances the patients would otherwise have, especially if they are adynamic cases. Above everything else keep in mind Osler's warning "that pneumonic patients are more often damaged than helped by the promiscuous drugging which is still only too prevalent."

5. Hot applications are ordinarily more serviceable and agreeable than cold local appliances. German physicians, however, claim excellent results from the ice-bag. Wet or dry heat, in the form of the hot mush jackets, hot-water bags, the woolen jackets, sinapisms, or turpentine stupes, are all available measures. In some cases the chest may be painted with the tincture of iodine. Dry cupping possesses the desirable property of relieving obstinate pleuritic pains.

6. The nourishment should be bland, digestible, and mainly fluid. Milk, beef-juice, fruit-juices and eggs are the most suitable.

7. Keep the patient at rest and in the recumbent posture until resolution is established, and pay particular attention to the hygienic and sanitary environments. Perfect ventilation is a prime requisite.

8. Convalescence should be carefully guarded, and such tonics and roborants as iron, quinine, strychnine, cod-liver oil and the hypophosphites will be found useful restoratives for the malnutrition, anemia and depraved vitality.

TOBACCO AND TOBACCO AMAUROSIS.*

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Tobacco is a narcotic, a sedative, an antispasmodic, a purgative, an emetic, and in a minor degree a diuretic. It affects different people differently, because of its varying degrees of absorption. It generally passes directly into the blood, where it may be detected by simple chemical tests.

Dr. Headland, the eminent English author, who received the Fothergillian gold medal from the Medical Society of London for his essay on "The Action of Medicines on the System," says that it is so powerful a poison that if it were allowed to accumulate in the blood for a short space of time the act of smoking an ordinary cigar would probably prove fatal.

Sir Benjamin Brodie for many years conducted a series of experiments with the drug, and finally came to the conclusion that its most dangerous effect was upon the nervous system; that in many of its operations it is closely allied to digitalis; that the aqueous solution will cause paralysis of the heart through the medium of the nerves, whilst the empyreumatic oil will not produce this effect. Thus one drop of the oil applied to the tongue of a cat caused convulsions and death in twenty minutes, and on opening the body immediately afterwards the heart's action was found unaffected.

The late Prof. George C. Blackman, of the Ohio Medical College, often expressed the opinion in his clinical lectures at the hospitals in Cincinnati that tobacco was a powerful agent in destroying the plasticity of the blood. Dr. Parrish plausibly conjectured that nicotia was "the juice of the cursed Hebanon" mentioned in Hamlet. The careful experiments of Dr. Snow established the fact that the volatile inebriants are powerful in inverse proportion to their solubility, and also that tobacco, whether inhaled into the lungs, as in smoking, or becoming absorbed into the stomach with the saliva, as in chewing, becomes a serious menace to life just as soon as partial narcotism is established. He also came to the conclusion that complete narcotism and impending death are

* A paper read before the Mason County Medical Society, at Mayslick, Ky., November 28, 1900.

close at hand just as soon as the blood has absorbed one fifty-sixth part of the quantity it is capable of holding in solution.

In a case of poisoning by tobacco in a recent number of the Edinburg *Medical Review* it is said that first there was maniacal excitement, then contraction of the pupil, violent vomiting and purging, with spasms of the flexor muscles, prostration, syncope and death!

Dr. Beau, of Belgium, and Dr. Richardson, of London, have both described attacks of angina pectoris resulting from the excessive smoking of tobacco.

The literature of the profession is full of the records of cases where syncope and death have followed the taking of large doses of the drug directly into the stomach. Many persons have suicided in this way.

As a sedative, tobacco directly depresses the nervous system. It destroys nervous and vital force and removes from nervous control.

As a narcotic it acts upon the brain and mind, first exalting nervous force and then depressing it, this depression being not in direct but in inverse ratio to the primary stimulation.

There is not a hair nor a bone nor a blood corpuscle—nothing in the entire human economy—especially the organs of special sense, but that tobacco will blast and ultimately destroy. Mark the effects of long-continued smoking and chewing in producing mental and physical weakness, feeble and irregular pulse, manly incapacity, dyspepsia, progressive emaciation, general debility, dilatation of the pupil and progressive blindness. We all know how tobacco affects the nasal mucous membrane when taken as snuff in violent sneezing, and of how it increases the flow of saliva when a small quantity is taken into the mouth. By chewing the weed, indigestion is produced by the constant expectoration, bringing in its train dyspepsia, emaciation, general debility, and a whole brood of nervous disorders.

Note well the effects of tobacco upon a boy who begins to use it at an early age, and see how insidiously and completely his whole system becomes saturated with the damnable drug. Watch the child as the years glide along and he slowly climbs toward a stunted, blighted and immature manhood—the body crippled in its ener-

gies, the will paralyzed and the brain checked in its development.

Passing on to speak of its effect upon the eye-sight, we may be pardoned in saying that no one knows just how little he does know until some one comes around suffering from the first stages of tobacco amblyopia and asks for a diagnosis of his case. It may be that the new patient has been to every other eye-doctor in the country, and has had all kinds of opinions and guesses expressed as to the exact or probable cause of the failing eye sight. Of course, you ask the new comer all kinds of questions, and then give his eyes a careful and thorough ophthalmoscopic examination, which very often does not enlighten you a bit. You may or may not see anything new and strange in the optic disc, the fundus oculi, the retinal vessels or the region of the macula lutea. You look very carefully for opacities in the vitreous, excavation of the optic nerve, changes or streaks of shadow in the crystalline lens, and, in fact, everything else you can think of. You are on a voyage of discovery, and are not quite sure as to where you are sailing. You test the tension of the eyes and find it is normal. You are perfectly at sea, and make persistent inquiry as to what some other physician thought of the case. You are forcibly reminded of that old story that you used to hear during your student days, that "amaurosis was when the patient did not see anything nor did the doctor." By and by you learn that your patient has been suffering from impaired eye-sight for some months; that at first his vision failed him for reading ordinary type; that everything looks foggy; that he sees best at night or along about dusk; that he does not discern colors very well, especially as to red and green, and that smoke-colored goggles help his sight some little. You inform the man that it is imperatively necessary that he should receive treatment, and tell him to come again next day. After he is gone you think of all the cases of amblyopia you ever saw or read about. Your books tell you that it is caused by alcoholic poisoning, big doses of quinine, diabetes, lead poisoning, severe illness after confinement, hemorrhages from ulcers of the stomach, and the long-continued use of tobacco.

You now begin to find out that the ophthalmoscope is not the key to unlock a

knowledge of all the deep-seated eye troubles that you once thought it was. In this connection you do not fail to remember that Dr. Fuchs once told you, when you were a student in Vienna, that one had to use the *Augen Spiegel* ten hours a day for ten long years before he knows enough to detect the first minute changes in the fundus oculi in progressive atrophy of the disc. Just then you feel very warmly toward Fuchs, and wish you could see him, talk over old times, tell him of your new case and ask him to make out a diagnosis for you. In fact, you think that if he were always near you to help or advise it would save lots of worry.

When your patient comes again you question him more and more as to his past life, and find that he has been a great user of tobacco. That is a pointer, and you are beginning to feel your way. You begin on your test for colors, and find that he confounds red with pink, dark brown with black, and green with light blue, and that the diminution in visual acuity has its cause in a central scotoma. No gap is found in the field of vision if it is tested by means of a white object, but the trouble is revealed at once if you use a red or a green one.

Another fine point in the direction of a diagnosis is that the vision is about the same in both eyes, i.e., that he sees as well with one eye as the other—a fact which distinguishes tobacco amblyopia from other intra-ocular troubles, such as choroiditis, pigmentosa retinitis, atrophy of the optic nerve, cataract, etc., etc., in which the two eyes are always affected in visual acuity in different degrees.

Tobacco amaurosis generally runs its course in from three months to a year. In many cases the patient becomes absolutely blind, but in others the trouble advances to a certain point and is then arrested; but why, no one knows.

I have already spoken of the trouble of making a diagnosis when you depended on your ophthalmoscope, or when your patient does not admit that he uses tobacco. From the first to the last there is no evidence of disease of any structure in the eye-ball excepting in the optic nerve, and even after years of absolute blindness the retina and choroid remain healthy and their blood supply good. Mr. Wordsworth, whom I remember with many emotions of pleasure for his courtesy and

kindness to me, while I was a student at the Royal London Ophthalmic Hospital, many years ago, first pointed out that the first evidence of tobacco amblyopia is in the loss to the vascular supply to the optic nerve itself, and that the first stage is one of congestion, during which the disc looks too red. Then follows pallor of the outer half of the nerve disc, that part which is nearest the yellow spot. During the later stage the whole of the optic disc becomes pale, even to blue-milk whiteness! When first affected the patient complains of a dimness of vision only. Everything looks foggy, but there is no pain, no flashes of light, and no intolerance of light.

The disease does not generally appear until middle life, and is almost exclusively found among the male sex. The resistance to nicotine diminishes with age. The quantity of tobacco which is sufficient to bring on this disease varies according to the susceptibility of the individual, in many cases comparatively small amounts of the drug sufficing for this purpose. Mackenzie long since expressed his opinion that one-half an ounce of cheap, moist tobacco daily would do the work.

The cheap varieties, which are usually richer in nicotine, and also moist tobacco, are more dangerous than the better dry qualities.

In this connection it must not be forgotten that the use of alcoholic beverages, which, to be sure, is very usual with great smokers, favors the development of the disease. It may be that in the amblyopia of drunkards and smokers the disturbance of sight is at first only functional, the retina being only, so to say, "blunted" and its sensibility impaired, so that it does not react with normal acuteness. It may be that this is due to some irregularity in the circulation in the nervous centres, though it is also probable there is some depressing influence exerted directly upon the nervous system.

The limits of this essay prevent me from going any further into this very interesting subject. The question is very often asked as to which is the most injurious, smoking or chewing. This is difficult to answer. It depends upon the individual. Generally speaking, I am of the opinion that smoking is the more deleterious. The essential properties of tobacco are sedative and narcotic, emanating from the poisonous principle, an oil called nicotine. In

smoking the three points to be considered are: The local effects of the oily vapor from the burning leaves, the immediate effects and secondary effects.

There can be no question but the inhalation of smoke induces disease of the mucous membrane with which it comes in contact. It will produce a catarrhal state of the nose and throat when none exists, or it will awaken a new one in a patient who has been cured of the disease. The immediate effect of the smoking may be stimulating, sedative or narcotic, according to the quantity of nicotine introduced into the system and the peculiar susceptibility of the smoker.

In regard to the smoking of cigars, it may be said that only a small portion of the nicotine is destroyed by the process of smoking, and relatively a large part passes off with the smoke. The proportion of nicotine, of course, depends essentially upon the kind of tobacco, but the relative amount of nicotine which passes from a cigar into smoke depends upon how far the cigar has been smoked, as the nicotine contents of the unsmoked part of the cigar are in inverse ratio to the size of this part—that is, the shorter the stump, the more nicotine, for the slow advancing zone of glow drives before it the distillable matters, so that in the yet unburnt portion a constant accumulation of these takes place.

Anti-Cancerous Serum.

At the Surgical Society M. Regnier communicated some cases of cancer treated by him with the serum of Wlaiev, and with more or less success. Although in no case did he obtain a cure, he succeeded in relieving considerably the patient from the intolerable pain, while the general condition was improved. However, he did not believe any kind of serum would succeed in arresting its evolution.

M. Tuffier said that he experimented with the serum of Richel, and found it gave similar results as that claimed for the serum of Wlaiev, and he was inclined to believe that any serum could do no more than produce a general effect on the patient.—*Paris Cor. Med. Press and Circular.*

PURE olive oil is one of the most easily digested and palatable of any of the fats.
—*Med. Summary.*

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J. C. CULBERTSON, M.D.,
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DR. J. C. CULBERTSON,
817 W. SEVENTH STREET, CINCINNATI, O.

SATURDAY, APRIL 13, 1901.

THE USE OF ERGOT DURING FIRST AND SECOND STAGE OF LABOR.

The use of ergot during the first and second stage of labor is a question still open for discussion. Some years ago ergot was used promiscuously during the first and second stage of labor, and it is used even at the present day regularly by a few practitioners and many, if not all, midwives. Our present clinical knowledge of the drug teaches us that ergot given before birth of child excites the uterus to such contractions that they may be tetanic in character. Contraction of cervix generally occurs; this is followed by retardation of labor, and if any dystocia on the part of pelvis exists a ruptured uterus may result. If cervix is dilated, but not sufficiently to allow passage of presenting part, the administrator of ergot will find upon examination of patient's cervix, after child has been born, that the contractions were so frequent and severe from the effects of drug that they forced the presenting part through the cervix before os was fully dilated, and hence a laceration resulted, and generally not a trivial one.

Ergot-givers, who might be classified as midwife ergot-givers, do not seem to realize that their numerous cases of still-births may be due to the action of this drug.

Contractions of uterus, when they occur with such force and frequency, must necessarily have a deleterious effect upon the fetal circulation, causing such an interference that a fatal intra-uterine asphyxia may result. Again, such stagnation may take place that an extravasation into some viscera results, and we have here another cause of death of child. The writer has frequently examined cases whose cervices were badly lacerated, and upon inquiry found that the history of labor could be told in the following brief statement:

Midwife, tedious labor, drug given to help along pains, dead child, never well since confinement, and upon vaginal examination tear of perineum and cervix, subinvoltuted uterus, vaginal discharge, backache, and, as patient expresses it, "I am simply good for nothing."

Is this a new story to those who practice obstetrics? There are in the writer's judgment two conditions, and two only, where ergot can be given before birth of child:

First, in a twin pregnancy where the entire utero-vaginal canal has been dilated in the passage of first child, and second child is found to be a normal presentation. In such a case all text-books will advise the judicious giving of ergot for two principal reasons, namely, to stimulate the tired uterus to again contract and by that means expelling the child.

Second indication for the use of ergot is in a case like the following: Woman tired and exhausted, labor pains feeble and of no expelling force, presentation normal, pelvis ample for birth of child—in other words, the dystocia due to a simple case of uterine inertia, with favorable surroundings and the os uteri sufficiently dilated. In such a case ergot may be used.

While ergot, used carefully, cautiously and intelligently, may here and there be a necessary drug during the first and second stage of labor, the indications for

its use are so limited that, in my opinion, the art of obstetrics would be more perfect had this drug never been discovered.

M. A. T.

THE CONSTITUTIONAL RIGHT TO EXPECTORATE.

For the first few days in April the New York police arrested over fifty men for expectorating in the street-cars. The prisoners were held at \$100 bail each for a future appearance in court.

That the American has been an arrant and filthy spitter for many generations is a notorious fact, especially as many of them are chronic tobacco-chewers and are not particular when or where they deposit their saliva. Women of the well-bred class always use a handkerchief as a receptacle for their sputum. Of late years there has been much ado made by reform leagues of the gentler sex against the male beast who pollutes car floors with tobacco-stained saliva, or post-nasal and bronchial mucus. The trails of dresses made to sweep the sidewalks and gather up the dirt of all kinds seem to be peculiarly sacred when their wearers enter the property of a corporation, as, for instance, the street-cars. Why the street-car companies should receive so much police and health department protection, while the public highways, the property of the populace, are always a sputum depository, at which police authorities wink an off eye, has ever been a matter of popular conjecture. It is claimed that the corporations own and run American cities, however; perhaps this is the true solution of this common state of affairs.

The agitation against public expectoration in American cities was first commenced by persons with a terror of bacilli, on the ground that consumption was propagated by the salivary secretions of those affected by tuberculosis. It is safe to say that no doctor, under oath in a court of justice, can adduce a single in-

stance of where consumption was engendered by any alleged germ, and a court of justice is a hard place to prove anything on a purely hypothetical inference. In England no such laws as those enacted in America as regards personal rights could be enforced, nor can such laws be enforced in the United States if the accused claims his right to trial by a jury of his peers. It is high time that all enactments made by legislators should be ratified by a majority vote of the peoples before having the force of real laws. It is a notorious fact that nine-tenths of the municipal ordinances passed by various boards and construed by the public as having the force of laws are absolutely unconstitutional; especially is this true as to alleged board of health ordinances. The great trouble with the American peoples is that they permit their constitutional rights to be overridden by any little coterie of cranks that, under the name of reformers, endeavor to foist its own views on the populace at large. It is a noticeable fact that these same cranks are ever the opponents of the trial by jury right of the peoples, and prefer to have those whom they have arrested for a hundred and one different causes taken before some special magistrate in sympathy or in the pay of the aforesaid social reformers, whose verdict is always a prejudged one, from which, in non-resistant cases, there is no appeal.

The Humane Society of this city, so opposed to vivisection and cruelty to animals, but ever willing to take a child from its parents on the specious plea that the parents are unfit to support it, or on the ground of poverty or being improper personages, received a severe set-back on an appeal to the upper courts of the State some time since because the ordinances they had been enforcing were unconstitutional. Thereupon this society's interest in stray dogs ceased, when the canine was no longer a source of profit for the coffers

of the ever-benevolent and philanthropic, who seek to place all communities on their own basis of thought.

This leads up to the point that anti-expectoration ordinances, while enforced, have never been appealed to the highest tribunal of the State in order to test the question of constitutionality. That filthy expectoration of tobacco juice and mucus may constitute a public nuisance to the minds of many there can be no doubt, but cases arise and will ever arise where the act of expectoration may not only be perfectly natural, but needful. As well pass an ordinance against the convulsive movement of sneezing and the flying through the air of the mucus from the Schneiderian membrane in influenza, the spray of catarrhal effusion, or the minute pus cells blown unexpectedly from a highly perfumed ozenic nose. It becomes necessary, then, to draw a line between the expectoration that is a matter oftentimes of natural necessity and the unnatural expectoration that constitutes a nuisance.

Parties arrested for expectorating in the street-cars gave various excuses. Suppose a man has forgotten his handkerchief; shall he swallow the alleged germ disease mucus and poison his intestinal canal, on the popularly accepted microbial theory? Or shall he, with this danger in his mind, expectorate on the car floor and preserve his intestinal canal from an attack of appendicitis and its subsequent surgical practice? For, according to Championnière, appendicitis is only an intestinal catarrh propagated by the gravitation of so-called germs downwards. If the sputum of consumptives and other persons is so highly contagious, why expectorate in a handkerchief and hand it over to the hard-working laundress, who is a widow with seven small children to support? A noble Society for the Prevention of Sputum Poisoning of the Ancient Order of Laundresses might be formed by that class of American matrons that deals with house-

hold economics, especially cookery—women who neglect homes and leave their children and housekeeping to the mercy of any old foreign importation that comes along.

But we digress. A popular revolution against modern methods of legislation is not far off. No Englishman would tolerate for a single moment the encroachments made on personal rights such as the American has stood patiently with scarcely a murmur for several years past. Too much legislation and too many laws, made without the consent of the governed, but through representatives most often nominated and elected by corruption funds from the pockets of corporations, that are at present striving to rule and fetter under so-called laws that are clearly unconstitutional, that abrogate all the rights of the individual. New York, with its police arresting dozens of working peoples for a simple natural act in many instances, affords a spectacle as ridiculous as it is tyrannical. The true helpers of the public health are the peoples, and not the self-constituted cliques of fanatics committed to every new medical fad and theory that springs up. While admitting that public expectoration is a nuisance at times, it is so often an unavoidable necessity that it should not merit the condign punishment meted out for a real criminal act. The American public must carefully watch their personal rights, and in every such instance a trial by jury should be demanded. If the act of expectoration is proven to have been malicious and with the intent to create a nuisance, the party arrested could be mulcted, but there are cases where the act of expectoration is not only unavoidable, but necessary.

T. C. M.

EDITORIAL NOTES.

THE AMERICAN GASTRO-ENTEROLOGICAL ASSOCIATION.—The fourth annual Meeting will be held in the banquet hall

of the Shoreham, Washington, D. C., Wednesday, May 1, 1901. The programme is as follows:

Meeting of the Council, 9 A.M.

10:00 A.M., MORNING SESSION.

1. Syphilis of the Liver. Dr. Max Einhorn.
2. The German Clinics of To-day. Dr. J. C. Hemmeter.
3. Etiology of Hepatic Sclerosis. Dr. A. L. Benedict.
4. Treatment of Gastric Ulcer. Dr. D. D. Stewart.
5. The State of the Gastric Secretion in Chronic Rheumatism and Rheumatoid Arthritis. Dr. Frank H. Murdoch.
6. Some Cases of Tetany. Dr. William Gerry Morgan.
7. The Report of Two Cases of Acute Dilatation of the Stomach. Dr. Julius Friedenwald.

2:30 P.M., AFTERNOON SESSION.

8. Experiments in Peristalsis. Dr. Fenton B. Turck.
9. Some Clinical Studies in Gastric Secretion. Dr. G. W. McCaskey.
10. Treatment of Antonia Gastrica and Splanchnoptosis by Means of Abdominal Strapping. Dr. A. Rose.
11. Hyperchlorhydria. John A. Lichty.
12. Report of a Case of Cancer of the Cardiac End of the Esophagus at a Distance of Twenty-one Inches from the Incisor Teeth in a Man Five Feet and Three Inches Tall. Dr. C. D. Spivak.
13. Spastic Ileus. Dr. Edward Quintard.

AMERICAN CLIMATOLOGICAL ASSOCIATION.—The eighteenth annual meeting of the Association will occur at the Cataract House, Niagara Falls, on May 30, 31, and June 1, 1901. Notifications of the following papers have been received:

President's Address. Dr. R. H. Babcock, Chicago.

Puerto Rico: Its Climate and its Diseases. Dr. Charles H. Alden, Assistant Surgeon General, U. S. A., retired.

Nantucket and the Ocean Climate. Dr. Harold Williams, Boston.

Two Cases of Aneurism and One of Spontaneous Rupture of the Heart. Dr. R. G. Curtin, Philadelphia.

The Association of Tuberculosis and Syphilis. Dr. F. I. Knight, Boston.

A Case of Mechanical Obstruction of a Bronchus Simulating Rapid Phthisis. Dr. J. B. Walker, Philadelphia.

The Selection of Favorable Cases of Pulmonary Tuberculosis for Sanatorium Treatment. Dr. E. R. Baldwin, Saranac Lake.

The Carrying Out of the Hygienic Treatment of Pulmonary Tuberculosis Outside of Sanatoria. Dr. Charles L. Minor, Asheville, N. C.

Devitalized-Air Toxemia a Prime Cause of Tuberculosis. Dr. Charles Dennison, Denver.

Cases in which the Tubereulin Test seemed

Justified and Decisive. Dr. W. E. Casselberry, Chicago.

The Home Treatment of Tuberculosis, Dr. Leonard Weber, New York.

The Home Treatment of Tuberculosis. Dr. Irwin H. Hance, Lakewood, N. J.

Discussion on The Home Treatment of Tuberculosis *vs.* The Climatic Treatment. It is expected that the following members as well as others will take part. Dr. A. C. Klebs will open the discussion: Participants: Drs. E. O. Otis, E. R. Baldwin, S. A. Fisk, S. G. Bonney, S. E. Solly, Charles Fox Gardiner, James A. Hart, Carroll E. Edson, H. P. Loomis, and Dr. J. M. Anders. (It is understood that the term "home treatment" will be considered to mean the treatment in home climates—that is, in a hygienically suitable locality as near as possible to the patient's usual residence.)

The Relation of Sunshine to the Prevalence of Influenza. Dr. Howard S. Anders, Philadelphia.

A Case of Pulmonary Osteo-arthropathy. Dr. R. C. Newton, Montclair, N. J.

The Physiological Influence of Climate on Nervous Diseases. Dr. F. Savary Pearce, Philadelphia.

The Use of Strychnia in Diseases of the Heart. Dr. Abraham Jacobi, New York.

The Etiology, Pathology and Clinical Aspects of the Bovine Heart. Dr. Leonard Weber, New York.

The Hygienic Treatment of Heart Disease. Dr. Boardman Reed, Philadelphia.

THE twenty-sixth annual meeting of the American Academy of Medicine will be held at the Hotel Aberdeen, St. Paul, Minn., on Saturday, June 1, 1901, at 11 A.M. (Executive Session; the Open Session beginning at 12:00 M.), and continuing through Monday, June 3.

The principal features of the meeting will be a symposium on "Institutionalism;" and another on "Reciprocity in Medical Licensure." Series of valuable papers on both topics have been promised, as well as interesting papers on some other subjects. The President's Address (Dr. S. D. Risley, of Philadelphia) will be delivered on Saturday evening, June 1, and the Annual Social Session held on Monday evening, June 3.

Members of the profession are always welcomed to the open sessions of the Academy. The Secretary (Dr. Charles McIntire, Easton, Pa.) will be pleased to send the programme, when issued, blank applications for fellowship, etc., when requested to do so.

Correspondence.

THE PASSING OF THE PHYSICIAN.

NEWPORT Ky., April 5, 1901.

Editor LANCET-CLINIC:

From an article by Dr. John C. Webster, in the *Clinical Review*, one would be led to believe that it is the "*Passing of the Physician*" rather than the prescription, for from the trend of his essay I would say, from a mercenary standpoint, he is right; but if a physician looks to the best interest of his patients he will first of all *learn how to write a prescription*, so that any reliable, competent pharmacist could fill it.

It has always been a mystery to me how some doctors ever obtained any results from medication. For the very short time they apply themselves concerning medicines and their actions I do not wonder at their using tablet medication and proprietary remedies. If one will stop and think that only about two lectures a week in a six months' course on *materia medica* is given in most of our best schools, is it a wonder that the *prescription* is passing?

A physician who is busy does not want to be encumbered with a medicine chest, only perhaps in an emergency or on night cases. Furthermore, an honest, conscientious physician cannot carry a variety of drugs that will at all times and in all cases be just what he wants, and he will unconsciously substitute more often than will a reliable druggist. He does not count that substitution; oh, no! What the doctor does is all right.

Dr. Webster says that "while a physician is not infallible, there is less liability to mistakes than where a prescription is compounded by a druggist." Did he ever inquire of some of his pharmacist friends how many mistakes of the doctors' they had rectified in their time?

We all make mistakes, and "he that never made a mistake never made anything," and if the doctor is capable of making mistakes when writing prescriptions he is certainly more liable to do so when not only thinking what he would like to prescribe, but *trying—trying*, I say—to compound a prescription that should be left to a competent druggist, and not to manufacturers who employ

boys and girls to throw into a mill a lot of stuff to be ground up and pressed into tablets.

How thoughtful is the doctor of the patient's finances when he says: "Tablet medication saves him the extra expense of a drug bill." He either dispenses his medicine for nothing, thereby undermining the profession, or else he charges for his medication; then is he saving the extra expense of a drug bill?

True accuracy of dose and elegance of appearance are both essential to a prescription, and whose fault is it if you do not obtain both from a competent druggist? Is it not the doctor's lack of knowledge concerning the medicine he wishes to prescribe?

In conclusion I would say that it is not the passing of the prescription, but of the physician, for we have all the preparations there are in a pharmacy and that can be incorporated in tablets or proprietaries, and it is only due to the lack of knowledge that the physician has and his unwillingness to acknowledge it.

H. G. MARX MILLER, M.D.

THE PHYSICIAN AND THE DRUGGIST.

NEWPORT, KY., April 2, 1901.

Editor LANCET-CLINIC:

In the LANCET-CLINIC of March 30, pages 300-301, is an article by J. C. Webster, M.D., who must live in the country. I wonder if he hasn't found out as yet that a busy city doctor has no time to dispense his own medication? Only those doctors who are afraid to trust themselves or who love money better than anything else prescribe their own medicines (the Homeopaths and Eclectics do not come under this article). It seems that J. C. W. has it in for the druggist, and seems to think that the druggist has no right to exist. By reading the article one comes to the conclusion that this doctor would like to have the whole thing, and make all the money himself. Poor druggist, you will have to join the white-winged brigade and clean streets. He says that only when the doctor gives his own medicine is he safe. I admit that *he is safe when he makes a mistake*; there is no prescription nor a poor substituting druggist to haunt his brain.

Has J. C. W. interviewed some of our

eminent doctors who make twenty-five to thirty visits a day and have that many more office calls? Does he think that those doctors (who by their merit have succeeded) would have time to even give an unreliable tablet or pill—a *pill you can drive through an inch board* or kill bears with? Oh, no! this doctor has no time for this. Why, he knows the reliable druggist and sends to them to do part of his work, and is perfectly willing to share some of his boodle with the druggist.

As to substitution, J. C. W., M.D., would be surprised how little of it is done, and he also would be surprised how few times a druggist would use a doctor's prescription, and how few times other doctors look over the prescription files of the druggist. Nosey, rubber necks of doctors are those who have plenty of time to do so. Druggists have no reason to use a doctor's prescription. Why? Because they have brains enough and education enough to prepare any medicine they want for a patient. The education and knowledge is open to all. The M.D.'s haven't a patent nor a copyright to it. Druggists are a safeguard and a great help to a busy doctor, and are at least a little bit honest. Honesty does not belong entirely to the M.D.'s. Our friend J. C. W., must have found sour grapes in his practice or he would have been a little more generous toward the poor, ignorant, substituting druggist.

Now, Dr. J. C. W., tell us how large the number of druggists are who are using the valuable prescriptions of the much-abused doctors. Don't my friend know that the average druggist has sense enough to know that each and every prescription is given by the doctor as a specific for a certain case and at certain times? And as he may change a prescription twice a day, what good would a prescription do as a patent medicine? Come again.

Yours,
GEO. M. MILES, Druggist.

AN OBSTETRIC CASE.

FORT WAYNE, IND., March 20, 1901.

Editor LANCET-CLINIC:

I have just returned from an obstetric case which was booked for February 18. For the past four weeks or more, the patient had felt not a particle of life or

motion. A very few pains expelled a dead fetus seemingly mature. Two knots were found in the umbilical cord, the one nearer the placenta being the tighter, which, of course, at once explains the death of the fetus, whose supply of blood was thus cut off. Yours truly,
H. V. SWERINGEN.

Addison's Disease.

At a meeting of the Medical Society of Cologne, Dr. Engelhardt mentioned two cases of Addison's disease presenting the following peculiarities: The first was that of a man, aged twenty-one years, who exhibited a complete clinical picture of the disease, the diagnosis of which was also fully corroborated by autopsy. There was a uniform bronzing of the skin, with, likewise, three spots, where the color was deeper, and almost black. One of these three patches was situated over the shoulder-blade, another beneath the left lower eyelid, and the third near the umbilicus, being formed by the cicatrices of incisions into furuncles, from which the patient had suffered.

The deeper color of old inflammatory lesions is perfectly explained when we remember that the pigment which gives to the skin its discoloration in Addison's disease is found almost exclusively in cells which should be considered as leucocytes or migrant cells which, as always, are amassed in great numbers in regions which are the seat of inflammation. This is the reason for the particularly dark color of scars in the negro.—*Indian Lancet*.

FOR RENT—420 W. Seventh Street, two and a half story brick, eleven rooms, all modern conveniences, heated throughout by furnace. Has been occupied for past nine years by physician as office and residence. Will be painted and put in perfect repair for desirable tenant. Physician preferred. Wm. T. BUCKNER, Fourth and Hammond.

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Ada, O.

W. L. ANSCHUTZ, M.D., Del Rio, Texas, writes: "I have a chronic catarrh (nasal and post-nasal) of several years' standing; also a tubercular laryngitis that almost renders me voiceless. I used Glyco-Thymoline (Kress) undiluted in my larynx, and it afforded me considerable relief."

Current Literature.

The Essential Factor in the Causation of Sex.

Attempts to solve the mysterious problem of the determination of sex have been made from time to time; it is difficult to conjecture at what period in the history of the race the mind of man was first occupied with this question, but it is probable that it was in the far-off days of antiquity. The relative age of father and mother, the relative force of their personalities, the time of impregnation in relation to menstruation, the amount of food supplied to the embryo—all these have been pressed into the service in order to supply an explanation. The last-named factor, that of nutrition, has recently been exhaustively worked out by Schenk. Quite the latest contribution is to be found in a paper read before the last meeting of the Obstetrical Society of London by Mr. E. Rumley Dawson. His view is that the right ovary supplies male embryos and the left ovary female. Those who were present at the meeting and heard the paper must have admired the indefatigable researches of the author; but no doubt many of them were considerably startled, as our readers will be, to hear that Mr. Dawson explicitly claimed the distinction of being the first to enunciate this theory. As Dr. Blacker aptly pointed out in the subsequent discussion, the view that the right ovary produced only male children and the left only female can be traced back as far as Anaxagoras, 500 B.C.; whilst in a quaint treatise on the "The Art of Procreating the Sexes at Will," published in 1816, Millot "goes one better" than Mr. Dawson, by not only proclaiming the doctrine, but giving plain directions how it may be turned to practical account. Millot adds that his discovery must prove of special value at the time at which he writes, since, says he, "we have millions of men to replace," presumably as the result of the Napoleonic wars. The actual words in which Millot describes his theory are as follows: "L'observation m'a prouvé que l'ovaire droit fournit constamment le sexe masculin; donc que cet ovaire a élaboré les atomes nécessaires à cette production,

tandis que l'ovaire gauche fournit constamment le sexe féminin ; donc, etc." After this, we fear that the only honor left for Mr. Dawson to claim is that of re-discovery. The honor is, unfortunately, somewhat discounted by the fact that the theory has been exploded by observations in comparative anatomy, and by experiments on animals. The latter have shown that after removal of one ovary, the female can still reproduce young of both sexes; and Dr. Blacker very pertinently asked how we were to explain the birth of cocks, since fowls and other birds only possess one ovary, the left. Obviously, in the elucidation of such a question, comparative anatomy and physiology cannot be ignored, for it may safely be affirmed that what holds true of man must hold true of the whole of the vertebrate division of the animal kingdom. As regards man himself, two speakers quoted cases where, after removal of one ovary for disease, a patient bore children of the opposite sex to that required by the theory; and although the objection that the whole of the ovary may not have been removed is a valid one, there are, nevertheless, sufficient cases on record where no reasonable doubt could be entertained that the removal was complete. Undoubtedly the question is a fascinating one: it would often be highly convenient if parents could choose the sex of their children. Millot claims that particular benefit would accrue to the human race; and he draws a touching picture of fathers and mothers who, having obtained children of the sex they desired, become fonder of their children; and the latter, developing under the fostering influence of added love and tenderness tend to present all the best and finest qualities of the race. He dwells in glowing terms on the happy prospects of a nation when the ruler can secure a male heir at will, and of the national peace and prosperity which must result. But, alas! all such dreams exist only in the philosopher's mind; and even if Mr. Dawson's theory were true, we can hardly imagine a practical application in the direction of unilateral ovari-otomies on royal consorts, even for the furtherance of national peace and prosperity. It may be that in this, as in so many other physiological phenomena, Nature will one day be forced to the confession of her secret; but we cannot but think that it is highly improbable; and that man

must be content to realize that reproduction is one of those mysterious mechanisms committed to him for use, whereof the regulating key has not been vouchsafed to him.—*Med. Press and Circular.*

Traumatic Dislocation of the Face.

Mr. Delbet, in *Semaine Médicale*, October 24, 1900, relates a case of traumatic dislocation of the face. He found only one similar case in medical literature.

A carpenter, twenty-five years of age, fell from the top of a scaffold. During the fall his face, looking forward and downwards, struck a cross-bar, the angle of which embedded itself in the naso-frontal depression; simultaneously a beam struck him on the occiput.

Instantly the wounded man became unconscious. When he revived he was speechless. The next day he presented an enormous swelling on both cheeks, the root of the nose, and the eyelids, with an ecchymotic spot at the base of the nose and a large sub-conjunctival ecchymosis on the left side.

Notwithstanding a constant sero-sanguineous discharge from the nares, and as the patient is calm, speaks fluently and intelligibly, and no cerebral symptom being present, the diagnosis of simple contusion of the face, with probable fracture of the nasal bones, was made.

The following day, the patient being improved, an attempt was made to feed him, but he could not chew, every movement of the maxilla being painful, so that he had to be nourished exclusively on eggs and milk. The patient improved daily, but as the inability to masticate persisted a thorough examination was made ten days later with the following result: The exaggerated dimensions of the face in relation to the cranium were evident; the nose was elongated, the eyelashes directed obliquely downwards and inward, the internal angle of the eye being much lowered. On the other hand, when the patient opened his mouth to the maximum, the space between the two dental arcades did not exceed three to four millimetres, and it was easily seen that the inferior maxilla could not be further lowered; nevertheless, the superior dental arcade was easily pushed upwards, causing thereby the whole face to meet the forehead. Palpation revealed an interval about four centi-

metres between the nasal notch of the frontal bone and the upper part of the nasal bones, and with the finger in the mouth, the pterygoid processes were felt movable with the superior maxilla.

There existed in reality a huge osseous mass totally dislocated downwards, comprising, besides the superior maxilla, the two malar bones, the nasal bones, the pterygoid processes, the vomer and a part of the ethmoid. Such a displacement could certainly not occur without fractures, which, according to Mr. Delbet, involved the vertical and the cribriform plate of the ethmoid, the base of the pterygoid processes, and, no doubt, the zygomatic arch.

This extraordinary dislocation was certainly caused by the following mechanism: The occipital shock drove the cranium forwards whilst the face was wedged by the plank imbedded in the nasal frontal angle. Such singular circumstances fully explain the rarity of such a lesion.—*Indian Lancet.*

The Causation of Peripheral Neuritis.

One of the most noteworthy results of the epidemic of peripheral neuritis in the north of England has been to call into question the value of alcohol as a factor in its causation. Since this affection of the nerves was first brought before the profession, which, after all, is comparatively of recent date, we have been so accustomed to regard alcohol, especially in the form of spirits, as the common cause of the disease that it savors of heresy to suggest that we have all the time been under the empire of a delusion. Yet Dr. Reynolds, to whom the credit of the identification of the nature of the neuritis in this particular epidemic is due, holds very strongly to the view that all cases of so-called alcoholic neuritis are, in reality, due to the ingestion of arsenic, or at any rate of some toxic agent other than alcohol. The fact that the arsenic, apart from that of medicinal origin, is probably almost always taken in the form of some alcoholic beverage or other, naturally renders the differential diagnosis all the more difficult. Sturdy endeavors have been made to discover distinctive features between the so-called alcoholic and arsenical neurites, but, so far, without much success, the difference being one of degree rather than of kind. One argument against this view is that numerous cases have been observed in

which the sufferer claimed to have taken nothing but spirits, and spirits have not been seriously accused of containing arsenic. As Dr. Reynolds pointed out, in the course of the discussion which took place at the last meeting of the Royal Medical and Chirurgical Society, care is necessary to elicit the whole truth in examining such patients, and it is not safe to accept the mere denial of beer drinking as proof thereof. People of the lower classes do not regard beer drinking as worthy of mention, and readily ignore it. We shall in future have to study cases of peripheral neuritis more closely, and we may rest assured that, with the additional knowledge which we possess of the subject, the etiological factor will undergo considerable modifications. Turning to neuritis recognized to be of arsenical origin, one cannot but be struck by the fact that grave symptoms have followed the ingestion of extremely small doses of the poison—so small, indeed, as to excite a feeling of scepticism in the minds of physicians accustomed to prescribe much larger doses for long periods of time without giving rise to any sign of intoxication. This and other facts give plausibility to the hypothesis that in beer the arsenic forms organic compounds infinitely more injurious to health than the pure drug. Then, too, arsenic, as usually administered, is not prone to accumulate in the tissues, and is promptly eliminated, whereas in the cases recently observed it has displayed a remarkable tendency to accumulate in the body, either because it has become locked up in the tissues or because, for some reason, it has been less readily eliminated. Dr. Dixon Mann's researches show in what extraordinary quantities arsenic is eliminated by the epidermis and its appendages, the hair and nails, and this fact is of special interest in view of the well-marked action of arsenic in diseases of the skin. A fraction of a gramme of epithelial scales, hair or nail parings has been found to yield an abundance of arsenical crystals, a fact which toxicologists will no doubt lay to heart. We are called upon, therefore, to reconsider the whole question of peripheral neuritis in the light of recent additions to our knowledge, and among other possibilities we shall have to study what we may call the organic chemistry of arsenic, the precise form in which it exists in such a beverage

as beer, and, lastly, whether there may not be some other substance or substances, such as selenium, for instance, to explain the unusual effects of the poison when taken in beer, as compared with those observed in other forms of arsenical poisoning.—*Med. Press and Circular.*

The Causes of Immunity Against Tuberculosis in High Altitudes.

Mitchell and Crouch (*Journal of Pathology and Bacteriology*), working at Denver at an altitude of 5,290 feet, found experimentally:

1. That the tubercle bacillus, as expectorated on a sandy soil, is still virulent after thirty-five hours' exposure to the direct rays of the sun. Koch, working (presumably) with pure cultures of the bacillus, found that it was killed in a few minutes to several hours, according to the thickness of the layer in which it was exposed.

2. The same sputum on a sandy soil has lost but little of its virulence after twenty hours' exposure.

3. That if the exposure extends beyond twenty to thirty-five hours the virulence is gradually diminished, and finally lost.

They therefore conclude that Koch's statement has given sanitarians a false sense of security, and that as a fact the sputum as expectorated by consumptives at such an altitude as Denver has ample time to become desiccated and blown in the atmosphere before it has been robbed of its virulence. Now since there unquestionably exists a great degree of immunity against tuberculosis in that region and at this altitude, another explanation than the disinfecting action of the sun through a rarified atmosphere must be sought for, and is probably to be found in the effects of the climate on the vital forces of the individual:

1. The absolute and relative moisture in the atmosphere is low, and this together with the lessened atmospheric pressure and almost constant winds greatly facilitates evaporation. This abstraction of moisture takes place very rapidly from the pulmonary alveoli, and though these could scarcely become so dry as to serve as a nidus for the tubercle bacillus, the constant evaporation must produce unfavorable conditions for its development. The absence of moisture acts also beneficially on

the organism as a whole. Thus the sensation of temperature is measured not by the ordinary but by the wet-bulb thermometer. For instance, the air thermometer may register the same at Denver as at the sea level at Washington, but the heat actually felt by those in the former place may be 32° F., or less than is felt by those in the latter. As a result the heat at an altitude is not enervating.

2. The lessened atmospheric pressure at altitudes causes a dilatation of the cutaneous and mucous capillaries. The pulmonary capillaries are dilated, and the blood stream through them is slowed, so that it can better give battle to the invaders; the thorax is expanded, and there is an increased frequency of respiration to compensate for the diminished amount of oxygen in the rarified air. The heart's action is also increased for the same reason. The body warmth is continuously lost in large quantities, and to replace it, other things being equal, the appetite improves, metabolism is more rapid and complete, and the need for nourishment greater. The evaporation increases the specific gravity of the blood, and in a given quantity the number of red corpuscles and the percentage of hemoglobin are said to be increased. Indeed, the same factors which tend to the healing or retarding of cases of phthisis which seek out high altitudes, account for the immunity to phthisis of those who live there.—*British Med. Journal.*

Prognosis of Cerebral Disease in Childhood.

At the Medical Society Hr. Oppenheim discoursed on the prognosis of cerebral disease in childhood. During the past ten years the speaker had had under treatment a large number of cases of cerebral disease in children between eight and thirteen years of age which in their symptoms resembled tumors of the motor region, a diagnosis that was confirmed by others than himself, and although operation was seriously discussed, recovery unexpectedly took place under or without internal treatment alone. There was a boy of eleven, of good family, and previously healthy, who in the autumn of 1894 began to have frontal and parietal headache and vomiting. In January, 1895, there were convulsions, twitching of the right side of the face, the head and eyes being drawn to

the right, with twitchings in the right arm. During the attack there was loss of speech, but not of consciousness. These attacks were repeated twenty times during the year, were mostly similar in kind, but with occasional paresthesia; frequently the twitchings attacked the whole of the right side, they were followed by loss of consciousness, and later by permanent paresis and difficulty of speech. In March, 1895, the boy looked ill, complained of pain in the right frontal region, with tenderness on percussion; there was optic neuritis, with paresis of the right facial and of the right arm. Sensation was dull in the right arm, and there was slight motor aphasia. The treatment consisted in iodide and bromide preparations. In March and April there were still severe attacks, with complete right hemiplegia and aphasia. Towards the end of April, however, improvement began, which was well advanced by March, 1896, and which still continued. Case 2 was very similar, and large doses of potassium iodide had been prescribed. Case 3 was a boy of ten, whose father had died of disease of the lungs. The symptoms were very similar to those of the two preceding cases, and iodide was given. Later on unexpected improvement set in and continued. Case 4 was similar and was treated in the poliklinik. Two other cases had also been seen in which surprising recoveries took place. In all the cases tumor of the brain was suspected, and syphilitic disease could be excluded in all. In two of the cases in which internal treatment was followed by no result, operation was seriously discussed, but still recovery unexpectedly took place. He did not believe the disease was one of solitary tubercle with fatty degeneration, or of chronic inflammation, as the symptoms did not agree with such an assumption. Finally, there remained only the hypothetic assumption of a chronic encephalitis with a tendency to recovery such as had been already discussed by Strumpell. He was inclined to the view of a form of tuberculosis which might be described as localized meningitic encephalitis such as had been observed in adults (Chantemesse, "Plague tuberc. meningitis"). It had been a question whether these would form the whole disease in children, and whether these patches could retrocede and cicatrize. Obductions had

answered these questions affirmatively, and recent observations had shown that such tuberculous disease could be present without any trace of the affection being found elsewhere.—*Berlin Cor. Med. Press and Circular.*

The Early Diagnosis of Insanity.

However desirable the early diagnosis of insanity may be from the point of view of curative treatment, we are confronted with the difficulty that no disease is more insidious in its onset than certain forms of mental decadence. The study of insanity presents nothing new or incomprehensible, but insanity, after all, is a comparative state, inasmuch as there is no common or ascertainable standard of sanity. In determining a person's mental condition we must compare him with himself, that is to say, with his normal mental status, and not with that of any other man, still less with an ideal standard evolved out of one's inner consciousness. To be enabled to institute this comparison we must be cognizant of the normal mental condition of the individual under observation, and often-times this condition cannot be realized in practice. As has been pointed out, two individuals may exhibit precisely similar mental symptoms, yet one may be sane and the other not. Obviously the family physician would theoretically be the best person to formulate an opinion on the subject, but the general practitioner, in most instances, is unfamiliar with the symptoms of mental disease, and, moreover, he lacks the time to carry out the close observation which alone might reveal the flaw. The onset of mental disease is usually preceded by constitutional indications of physical impairment, such, for instance, as insomnia, digestive irregularities and vaso-motor disturbances; but these, *per se*, are not enough to excite even a suspicion of impending mental disease, and their significance only becomes apparent later on, when the tendency has shown itself in other less enigmatic ways. The phenomena on the mental side consist largely of modifications of the natural characteristics of the individual, whether in the direction of exaggeration, perversion or diminution of these qualities, and they may be summarized as a prolonged departure from the methods of thinking, acting and feeling usual to the individual in a state of

health. Mental disease is the result of disturbance or disease of the intellectual areas of the brain, and this again is usually predisposed to by any state or condition which impairs the bodily nutrition or modifies unfavorably the quality or quantity of the blood supply, consequently the functional integrity of the mental faculties depends mainly, if not entirely, on the healthful activity of the physical system. It follows as a corollary that, in a medical sense, there can be no unsoundness of mind without unsoundness or disease of the organism in other directions. Of course, if an individual were known to be prone to attacks of mental weakness, the importance of securing the maximum standard of physical health would be recognized and acted on by all, but, we are postulating a concourse of circumstances which can only be hoped for in a minority of the cases, so that they do not afford any material assistance in deciding the difficult question of insanity in a given individual at a given moment.—*Med. Press and Circular.*

Subjects for Research.

How often one hears the complaint, "Oh, I should so like to do some original work, if only I could find a suitable subject to work at." Students at the end of their medical course begin to think about writing a thesis, and are frequently in this frame of mind. On the other hand, those whose business is research always find themselves perplexed not with doubts as to what to work at, but with serious difficulties as to what to leave alone. The problem being so to balance probabilities that the most likely lines of inquiry be followed, leaving to subordinates such subjects as seem less likely to lead to immediate results. But even the most experienced and matured judgment is often wrong, and it frequently happens that an unlikely subject relegated to a student leads to the most valuable discoveries. In biological subjects at the present day the mass of uncorrelated facts is so large that, in the absence in most cases of even a working hypothesis, it is not possible to logically predicate fruitful lines of inquiry. In chemistry and physics the matter is altogether on a different footing. Both have good working hypotheses, reasoning from which far distant results may be predicted and only require verifying by

experiment. But in biology we are still in the position of collecting data and waiting for the arrival of some Dalton or Newton to weave the whole into a connected story. Among recent suggestions we could commend to investigators one due to Escherich. Is it possible, he queries, that mother's milk contains some unknown substance which stimulates metabolism. This assumption would explain the inconsistencies observed and the results of natural feeding which in some cases indicate an almost specific reaction of the child to its natural nutrient. Should the presence of such a ferment be confirmed it would render futile all efforts to approximate mother's milk in artificial feeding.—*Med. Press and Circular.*

Influence of Maternal Inebriety on the Offspring.

W. C. Sullivan (*Journal of Medical Sciences*) has investigated the history of the offspring of chronic drunkards (women) in the Liverpool prison, and has tried to eliminate the cases in which the alcoholism was complicated by other degenerative factors. Among the many interesting points which the inquiry brought out were the following : The death-rate among the infants of the inebriate mothers was nearly two and a half times that amongst the infants of sober women of the same stock. In the alcoholic family there is a decrease of vitality in the successive children ; for instance, in one family the three first-born children were healthy, the fourth was of defective intelligence, the fifth was an epileptic idiot, the sixth was dead-born, and the seventh pregnancy ended in an abortion. There was a sensibly higher death-rate in cases where the maternal inebriety was developed at an early period. Sober paternity had little influence, and in face of maternal drunkenness might be almost neglected as far as the vitality of the offspring is concerned. Conception in drunkenness had a distinct influence, as was shown by the fact that in the seven cases in which the condition was noted, in the six the children died in convulsions in the first months of life, and in the seventh case the infant was still born. On the other hand, imprisonment began early in the pregnancy and lasted nearly all the time, seemed to diminish the evil effects ; but the difficulties in drawing conclusions

regarding this point were great. Of the children of drunken mothers that survived beyond their infancy, 4.1 per cent. (a very high percentage) became epileptic (9 out of 219). These results show the danger to the community of the female drunkard.—*British Med. Journal.*

Puerperal Septicemia.

M. Rochard related before the meeting of the Société de Chirurgie five cases of puerperal septicemia, all of which he operated on, but all the patients succumbed. In one case, where the purulent collection had invaded all the parts contiguous to the uterus, he cleaned out as well as possible the cavity, but left the uterus; the patient died in a few days.

In the remaining four cases he removed the uterus three times by laparotomy and eonc through the vagina, but with no better success. Yet he remained a partisan of hysterectomy in the treatment of puerperal infection on the condition that the operation was done early, and not after several days, as in his cases. As to the method of operating, he preferred abdominal to vaginal hysterectomy, as after delivery the uterus was too friable to be removed properly by the vagina.

M. Bazy said that he had had two cases where hysterectomy was done, but the operation was powerless to arrest the progress of the infection, and the patients succumbed. M. Terrier said that he had seen last year in his ward a patient get well after being operated upon for puerperal infection. The operation was performed a few hours after her entry into the hospital. He had witnessed similar operations practiced since in his clinic, but without success because the intervention was too retarded.—*Paris Cor. Med. Press and Circular.*

The New Test for Human Blood.

The methods hitherto employed for the purpose of distinguishing human blood from that of animals are notoriously inconclusive, and it is only under very special circumstances that any reliance can be placed thereon. The discovery of a means of identifying the blood of every kind of animal with ease and certainty is therefore particularly welcome. By a curious but not uncommon coincidence sev-

eral observers have been carrying on investigations on the same lines unknown to each other. It has been shown that it is now possible to obtain a definite reaction from blood-stains, however old, which indicates with something approximating absolute certainty the source of the blood under examination. This brilliant result is based on the fact that the blood serum of animals which have been injected with the blood of an animal of a different species, when added to a dilution of blood from the latter, produces therein a well-marked precipitate. Thus, if a rabbit be injected with human blood, the serum of the rabbit blood, when added to a dilution of human blood, causes immediate turbidity, a phenomenon which is conspicuous by its absence when it is added to dilutions of any other kind of blood. The only element of uncertainty is that the blood of monkeys reacts, to some extent, in the same way as human blood; but apart from the fact that the medico-legist is seldom likely to be called upon to differentiate between these two varieties, there is a notable difference in the length of time required for a dilution of monkey's blood to become cloudy as compared with that of man.—*Med. Press and Circular.*

Trepanning the Mastoid.

Alexander, at the Gesellschaft der Aerzte, showed a case in which he had trepanned the mastoid under the influence of Schlercher's anesthesia by infiltration. The chisel was covered well with gauze, which deadened the sound, and is reported not to have been noticed by the patient.

Anesthesia of the bone was produced by boring a fine cannula into the bone. This is the second case treated in this manner. The objection to other forms of narcosis was the approach of parturition, the patient being in the eighth month of pregnancy.

Hammerschlag condemned this form of narcotization as dangerous, because the fine trepanning cannula was apt to enter the deep transverse sinus, and as the dura mater was very variable it would run great risk of injury with consequent dangerous hemorrhage. Again, if the mastoid contains a large quantity of pus the infection may be thrown into the cavity and produce no beneficial result.—*Vienna Cor. Med. Press and Circular.*

Translators.

**MEDICINE AND MORALS OF ANCIENT
ROME ACCORDING TO THE
LATIN POETS.**

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

II.

Satirical Poets—Lucilius, Perseus, Juvenal, Martial.

LUCILIUS.

Caius Lucilius, one of the oldest of Roman satirical poets, was born at Suessa, about the year 150 B.C. He came from a family of chevaliers or knights, the same family from which Pompey afterwards sprung.

At the age of fourteen he followed Scipio the first Africanus into Spain and took part in the siege of Numantia. On his return to Rome he commenced writing his satires, of which only a few scattered fragments are left behind.

Lucilius was a liberal Stoic; he was upright, independent, loyal. Virtue to him consisted in recognizing good from evil, that which is useful and honest from that which is otherwise, only honoring what is worthy of honor and ever the defender of morality. Finally he put in the first rank of human interests love of country; secondly, one's parents; thirdly, the family.

"Commoda praeteria patriae sibi prima putare
Deinde parentum, tertia jam postremaque
nostra."

After having given striking proofs of military bravery, he showed what is more rare, that we call civil courage. In the war of the pen, that has also its glories and perils, he never hesitated to pull the masks off the faces of public swindlers of his day and show them up to the laughter and ridicule of the populace; he was especially severe on the superb patrician class. His audacity was encouraged by Scipio and Lelius, with whom he was on intimate terms. Lucilius was immensely rich; he had as hetaires the two most

beautiful women in Rome, Gretea and Collyra. But his health was poor and failing, and for that reason he left Rome and located at Naples, where he died in his forty-sixth year. We have said he flagellated the vices of his contemporaries! He was a Roman, and under their state of morals was no better perhaps than the others.

In his first book he depicts the gods gathered on Mount Olympus to judge the wicked men of the time. In his burlesque consultation of the gods he does not make even Jupiter shine by modesty or eloquence. The celestial cabinet deliberate upon the judges Tubullus and Lucius, who received money for acquitting those they should have condemned; Lupus, the sacrilegious questor, and Carneade, the unfaithful edile, who dispensed with obeying laws; and, finally, on Elius, who "knew how to take up everything like a malignant and corrupted gangrene."

"Serpere uti gangraena mala atique herpestica
posset"—

A comparison that permits us to suppose the frequency of gangrene as a complication of pathological conditions in both body corporal and political, even as at the present day. "In his manner, as in his features, we see everywhere death, jaundice, poison."

"Vultus item est facies, mors icteru morbus
venenum."

"This Elius has the effect of one of those encumbered personalities. We note everywhere in places of power, in the ranks of the army, in the public lobbies, in the fashionable antechambers, ambitious, atrabilious, icterus-faced, venerous, obsequious, dangerous beings. You have all known such."

A following satire seems to be directed against the ostentation and luxury of the young Romans. We find some passages referring to a duel, at the end of which one of the heroes is left for dead. His lodgings are purified, following the custom, with a fat cake.

"Farto omnia sunt circumlata."

The funeral commences, the sacrifices are made before the funeral pyre. When lo and behold! the supposed dead hero walks around the city. It was a cadaver secured for the occasion before which the relatives

and invited guests took on sad countenances and gave away to their grief.

Among the persons whom the poet criticised let us cite Manlius, who introduced at Rome, after his expedition to Asia, the luxuries and delights of the Orient. Lucilius makes this remark :

“ Hostibu contra
Pestem perniciemque, catax quam Manliu nobis.”

“ Let us send back to the enemy this pest and plague that crippled Manlius has brought among us.”

Emilius is worth still less. “ He passes for a serious man,” says our poet, “ full of integrity and venerable; but he only affects such outside austeries in order to hide his vices, and Nonius is only an immodest man totally shameless and rapacious.”

The following verses are addressed to all the sad heroes of his satires :

“ Vivite lurcones, comedones! Vivite ventres.”

“ Live gluttons and eaters. Long live bellies!”

In a trip he made to Capua, Lucilius tells of his adventures. At an inn he found neither oysters, fish, pigeons, and no asparagi.

“ Asparagi nullui.”

The poet is not much pleased, and in his anger draws a portrait of a poor devil of a butcher connected with the country inn. “ He had an elongated snout,” says our poet, “ and, with his teeth pointing out, the air of an Ethiopian rhinoceros. Besides, he was sick and exhaled a last, stinking breath from his lungs. Poor Symmachus, he is phthisical; and his mother should never have given him birth. But,” adds our poet, “ she probably vomited him.” Meantime, Lucilius dined without asparagi or fish, but the poet remarks to his next neighbor at table :

“ Exhalas tum acidos ex pectore ructus.”

In reference to an acid eructation from alcoholic indigestion, most probably.

We need not enter into the dissertation of our poet on wine, woman and song; the translation would be too erotic for English reproduction.

Lucilius was a very good observer, and proves by his works that he possessed a certain amount of scientific erudition acquired by reading from the ancient Greek

masters. He was a fierce satirist of old age. Speaking of an old man, he says : “ He had gummy eyes, itch and lepra that went to his orbits. He is eaten up by scabies, and has his head covered by eruption.”

“ Tristem et corruptum scabies et porriginis plenum.”

A beautiful example of senile herpetism! And he mentions, too, that this Trebilius is only an admixture of fever, marasmus, excrement and pus.

“ In numero quorum nuuc primu, Trebelliu multo
Obmarcescebat, febris, senium, vomitum, pus.”

We see, then, why hygienists have good reasons for recommending temperance, especially at the time of old age, when one should avoid all habits of good living and the pleasures of the table—to follow a diet that conserves and will not develop infirmities.

Our poet did not believe there was a thoroughly beautiful woman.¹ The fair Helen, she who had the thirty points required in a woman to be absolutely beautiful, and these are the thirty points of beauty laid down by the ancients and possessed by the magnificent Helen. The reader may translate at his leisure, and

“ Triginta haec habeat quæ vult formosa videri
Femina; sic Helenam fama fuisse refert.
Alba tria et totidem nigra, et tria rubra puelle,
Tres habeat longas tres totidemque breves;
Tres crassas totidem graciles tria stricta tot
ampla.
Sint itidem huic formæ sint quoque parva tria.
Alba cutis, nivei dentes, albi que capilli;
Nigri oculi, cunnus, nigra supercilia.
Labra, genæ atque ungues rubri. Sit corpore
longo,
Et longa crines; sit quoque longa manus.
Sint que breves dentes, aris, pes; pectora lata,
Et clunes; distent ipsa supercilia.
Cunnus et os strictum, stringuntibi cingula,
stricta;
Sint coxae, et culus vulvaque turgidula;
Subtiles digiti, crines et labra puellis;
Parvus sit nasus, parva mamilla, caput.”

¹ In his poetic fragments Petronius gives us an idea of the beauty of the Roman woman. He says of her: “ Thy eyes are brilliant as the stars of night, thy cheeks the color of the rose, while thy hair surpasses the glitter of gold as to tint.”

“ Candida sidereis ardescunt lumina flammis;
Fundunt colla rosas, et cedit crinibus aurum.”

“ Thy sweet lips have the color of the ruby and the azure lines on thy throat serve to relieve its snowy whiteness.”

thus get his own reading between the modest lines.

Lucilius did not know the advantages of marriage from the moral and morbid point of view. So he consecrated his twenty-sixth satire to the miseries and inconveniences of matrimony, of which he knew nothing. His Roman ideas at the present day are not worth repeating in way of translation, hence are omitted.

He was what moderns would call a free lover, and bewails the sacrifices that social conventionalities place on women. He remarks of women: "She needs must care for man in his illnesses, giving sweet-souled to the unworthy and sparing them for others. Woman has no relaxation; when a man has a fever or an indigestion a glass of wine will carry them off."

"At cui? quem febris una, atque und apeyria,
Vini, inquam, cyathus potuit unus tollere."

Lucilius was a believer in athletics. "When in the gymnasium I season my body by rough tennis playing."

A little further along we find this advice: "In order to eat properly one should wash himself well before sitting down to table."

Another very good reflection is on the effects of apesia caused by excesses when dining: "How tiresome it is to live without an appetite!"—

"Quam fastidiosum ac vescum cum fastidio vivere"—

but he draws a picture of another poor devil, "who suffers from hunger from uncleanness, owing to no washing water and no baths, who fails in all hygienic cares, and yet goes hungry."

Lucilius understood all about the malaise experienced by one accustomed to bathing when deprived of his baths, that permit the skin to act well. He compares this depression of the organism with the strength and feeling of good being experienced when one comes out of a fresh bath; how the skin reacts better against heat and becomes less impressionable to cold and atmospheric variations; how the muscular system develops in strength and suppleness; how the appetite grows better and digestion easier; how the sleep is more profound and circulation calmer; and how the nervous system is relieved of over-excitation! Such, in fact, is the action of the bath on the organism, and

the moral action is no less, for cleanliness of body is ever a cleanliness of the mind.

Of politicians he remarked that they had dropsical spirits. "Thou hast the mind of a hydrocephalus!"

"Aquam te animo habere intercuteum."

"That is to say that pride swells thy mind, like dropsy swells the skins it attacks." This is a common example of the picturesque forms of speech that Latin authors give to their style, by the common employment of medical expressions.

Among the passages of Lucilius are some interesting indications that show Latin conformation to Greek customs in the matter of exposing the sick at house doors for the purpose of soliciting advice from the passer-by. "At the threshhold of the door Tiresias was coughing and rattling, exhausted by old age, following after querquera fever and pains in the head—

"Querquera consequitur febris, capitisque dolores."

Certain commentators define querquera as "*Febris frigida cum tremore*," that would seem to be an algid form had we not another symptom—

"Tum laterali dolor certissimum nuntiu' mortis."

"A pain in the side, sure presage of death. This pain in the side points to pneumonia. In the pathological ignorance of the time it was a very fatal symptom that announced an unfavorable ending for the case.

Lucilius speaks of another malady exposed in the public place. "In order there should be no bubo formed in the groin, so that there should be no pustules or swelling of the limbs."

"Inguen ne existat; papulae, tama, ne boa noxit."

To make a diagnosis here would be difficult. However, one might rashly demand if this disease that brought on a bubo in the groin complicated by pustules, tumors, etc., might not be syphilis?

And so much more the disease responds to the consultant. "This discolored skin disturbs me but is not painful."

"Hæc odiosa mihi vitiligo est, non dolet, inquit."

We know that syphilides exist that are pigmented and resemble vitiligo, but their situation by predilection is the neck. They

are usually developed in the secondary stage.

We shall see, when we come to study Martial, that the origin of syphilis is almost as ancient as humanity, and that it can only be attributed to venereal excesses.

The rest of the ideas of Lucilius are omitted, for even our French author admits they are unfit for publication, even in his own language.

[To be continued.]

Local Anesthesia by Subcutaneous Injection of Hydrogen Peroxide.

Dr. H. E. Kendall, of South Sydney (*Semaine Médicale*, November 7, 1900), states that a local anesthesia, sufficient to perform minor operations, can be induced by hypodermic injections of oxygenated water. The doctor, by these means, was enabled to incise abscesses, even open the pleura and peritoneum without pain.

The analgesic effect of peroxide of hydrogen is not due to the absorption of the injected fluid, as one would suppose, but to the tension caused by the abundant

liberation of the gas in the subcutaneous cellular tissue, the injected zone becoming as hard as frozen tissue.

The aspect was altogether different in another subject of the same disease observed by the speaker at the same time. In this patient, who also died, the bronze discoloration was very intense except at two points. Above the iliac crests on each side was a band of white skin, eight centimetres long (little more than three inches) and four centimetres wide. This band corresponded very exactly to the pressure exerted in this situation by the band which supported the man's trousers. In this case, therefore, the irritation of the skin by the pressure of the belt had produced an effect contrary to that in the preceding case. Instead of deepening the discoloration, the inflammation had lightened the hue: a fact which Engelhardt could not explain.

—*Indian Lancet.*

THE medical profession of Germany has sanctioned the imperial bill lengthening medical study to at least five years.—*Med. Age.*

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NEW SERIES VOL. XLVI.

APRIL 20, 1901.

WHOLE VOLUME LXXXV.

SOME TRUTHS IN MEDICINE.

BY BROSE S. HORNE, M.D.,

BLUFFTON, IND.,

PRESIDENT WELLS COUNTY MEDICAL SOCIETY, SECRETARY WELLS COUNTY BOARD OF HEALTH, AND
HEALTH OFFICER FOR THE CITY OF BLUFFTON.

It is a common saying among the members of the medical profession that some of our most important therapeutic and diagnostic means, that were so reliable in the hands of our fathers, have been neglected, and consequently the *younger* generation knows nothing of them. In fact, some think it unscientific now-a-days to study disease manifestations and apply therapeutics accordingly. The honest man is a lover of *truth*; if he does not apply it, it is because he knows not what it is. Truth is exhilarating, it matters not from what source it comes. "Error is death, truth is life; no matter how well established an error may be by philosophy or by force of arms, or the current of human thought, the day cometh that shall burn as an oven, and all untruth shall be as stubble before fire. The tooth of time devours all lies. Falsehoods are soon cut down, and they wither as the green herb. Truth never dies; it dates its origin from the immortals. Kindled at the source of light, its flames cannot be quenched; if by persecution it be for a time covered, it shall blaze forth anew to take reprisal upon its adversaries. Many a once venerated system of error now rots in the dead past, among the tombs of the forgotten." As will some of the systems now in vogue in our profession.

Some of the facts that I wish to present to you are *truths* handed down by the ages, neglected now, but soon they will rise and destroy their adversaries.

In the study of semeiology, or the signs of disease, we find many important laws to assist us in applying our therapeutic methods. In order to distinguish physical signs of disease we must use the healthy body for comparison; by observing the

deviations from normal we become acquainted with the abnormal. It is nonsense to trust only the microscope and other appliances alone. At the best they can only assist us when the other methods fail, and should never be relied upon until the observer has entirely mastered the physical methods first.

"There should not be unreserved acceptance of the germ theory of disease causation. We are to take into account all the information the laboratory can furnish, *but should not attach undue weight to evidence from this quarter*. The knowledge and technique of the observer must be above cavil. Remember, *behind the disease is the patient*, and this fact should always be borne in mind. The clinician must rank foremost, and to him the chemist and bacteriologist should always report their findings. It is he who should settle the importance they have, and the treatment, prophylactic and curative, which should be adopted."

Physical signs show the trained observer the difference between the signs of health and the signs of disease. We note the general appearance of the patient; a jaundiced hue of the body, with pallor and emaciation, speaks to us as meaning something. Some divide semeiology into physical signs and vital signs. In speaking of the pulse, we would be considering vital signs according to this division. A frequent slow pulse indicates deficient excitement or irritability, while the fast pulse indicates increased irritability. A sharp pulse indicates increased tonicity, whilst the soft, liquid pulse depends on diminution of this property. These conditions may arise from either functional or structural disease of the heart or arteries,

but more often from disease of other parts of the body.

Take the disease phthisis alone; we have certain signs that often guide us to an early diagnosis, long before we can discover physical symptoms in the chest, or even before we can use the microscope. We find among the early signs constant dilatation of the pupils, with a short, hacking, dry cough, a chilly feeling at night, slight rise in temperature, with a fast pulse. The earliest sign we discover upon auscultation is râles, which seem to be fixed about the region of the clavicles. If the patient takes "cold" frequently we should look upon the case with suspicion. In nine cases out of ten, if the question is asked, you will find the patient suffered from dyspepsia long before any other trouble was noticed.

In the early stage of grippe, in nearly every case, upon examination, fine dry râles can be heard at the base of both lungs posteriorly, though more marked, as a rule, on the left side.

Physiognomy not only furnishes us with many diagnostic and prognostic signs, but with many therapeutic signs as well. The different modifications of features are of interest, as the stupid face, with great dullness of the eyes, showing congestion; and the sharp-featured, red-faced patient, with contracted pupils, manifesting great restlessness, calls our attention to determination; and we have the uneasy, sad, dejected, terrified, attentive, and sometimes the silly, smiling expression, all of which denote something to the careful observer.

A patient with a red full face, showing prominence of the eyes, injected conjunctivæ, distention of eyelids and lips, causes us to suspect either congestion of the brain or cardiac hypertrophy.

The pinched-up countenance, with contraction of the features, may mean peritonitis. The knitted eye-brow in feverish conditions points to the brain; while the mouth with the corners drawn down, causing it to look like the half of a moon, speaks of the stomach. The emaciated face with puckered-up lips may often be noticed in diseases peculiar to the female. Dark circles under the eyes and around the nipples in women also point to the same. Cold ears, contracted and thin, often are present in anemic conditions; the conjunctiva is pale in the poorly nourished

patients. The habitual masturbator, as a rule, will have cold, clammy hands, slightly moist, that will have a yellowish hue on the palms; he will have dark circles under his eyes, and the expression of his face is dull and dreamy looking. The linea oculo zygomatica, extending from the inner angle of the eye somewhat below the cheek bones, is often present, and in adults always indicates disorder or abuse of the generative organs. By compressing the testicles you will find these patients will complain of acute pain. Pains in the back of youths you will discover are often due to masturbation.

A line extending from the upper border of the ala nasi in a curved direction to the outer margin of the orbicularis oris is most always strongly marked in phthisis and atrophy.

Flushing of the face is common in women suffering from menstrual irregularity. Redness of the cheek is an indication of lung disease; when on one cheek, as a rule, the corresponding lung is affected. A yellowish hue of the skin causes us to think of jaundice, while a pale greenish color says anemia.

A fullness of eyelids is often a sign of albuminuria. A drooping of one upper eyelid (ptosis) suggests marked irritation of the brain in acute fevers. Perpetual motion of the eyelids is often an early sign of mania; in some fevers they are sluggish and heavy.

Itching of the nose in children, with a white line around the mouth, is a sign commonly regarded as an indication of worms. A bluish hue of the face points to congestion as the cause.

In slight hepatic derangements, yellowness is often limited to the labial commissures and alæ nasi. A citron tint points to cancer, while a dingy light straw color is noticed in the inhabitants of malarious countries. The long administration of nitrate of silver will give people a slate color; it also indicates impeded venous circulation. When the eyelids remain open it is a strong indication of paralysis of the orbicularis, and in acute troubles is a grave sign.

The study of the tongue becomes important from a diagnostic and therapeutic standpoint. Some authorities claim the indications from the tongue are of no value. There is in this assertion one of those exaggerations of which the history of

medicine furnishes so many examples. No doubt to these fellows that make such a claim it has no value, but to the honest observer it has. "While ancient physicians knew nothing of percussion, auscultation, or bacteriology, and the methods of exploration employed by them were rudimentary, they have nevertheless left us certain precepts which it would be an error to ignore. At the present day too much is made of scientific procedure."

The broad full tongue, that shows the imprints of the teeth, and has the appearance that it is too large for the mouth, is a certain indication of atony. Dr. Roger, of Paris, in a late book speaks of this, but this is not new, for it was given as an indication of this condition in our own country years before Dr. Roger ever even thought of writing a book, but no doubt those who are tied to foreign authorities will accept it now as it has been abroad and returned. The elongated and pointed tongue speaks of irritation, while the trembling tongue is most always found in the mouth of the nervous. We should study the different coatings of the tongue and many important indications will be discovered.

The student of medicine should be a close observer and in the examination of the patient all the little things should be noticed.

"It was said of the late Dr. Da Costa, than whom there has never been a more skillful diagnostician in our country, that on many occasions he seemed to make a diagnosis by instinct, even before he had examined a patient. But those who were accustomed to meet him at the bedside soon learned that his apparent instinctive deductions were really based on an extraordinary power of observation, and he would frequently pass direct to the path which would lead him to a diagnosis by the facies of the patient or by some other superficial sign which the more careless and less experienced practitioner might have overlooked."

If you will notice the abdomen of women who have given birth to children you will see small white spots scattered here and there, caused from a rupture of the elastic tissue. This knowledge may be of no value only for the sake of knowing it, but what makes one physician superior to another is that the one applies his knowledge to each individual patient in order

to assist him in his diagnosis and therapeutics, while the other spends too much time on ultra-scientific or experimental practice and fails to observe the common truths in medicine. The practical man is the one needed in this twentieth century, not the faddist.

The first thing, above all, an individual must learn is that in order to be a broad-minded and liberal physician, prejudice must be cast aside, and truth must be accepted, no matter from what source it comes. We must learn to observe signs of disease, and in the learning, if we have a knowledge of therapeutics, the treatment will be suggested. The old-fashioned methods of diagnosis, called the topographical and the physiological, are as essential to-day as they ever were. The positions and movements of the body should be studied. In health we find the person, when asleep, can rest on either side, right or left; but in great prostration, in cerebral apoplexy and organic diseases of the brain, also in acute peritonitis and general articular rheumatism, the position is dorsal. The why for all of this can be explained in this age, but it only takes up time and is not so very essential,

It is to be hoped that in the near future those who advocate the practical methods will receive more credit. I always thank a man for pointing out to me an indication for a drug. We have many toilers at the bedside who never appear in public print that have practical points they have discovered in their experience, that, if known in general, would be a vast blessing not only to the physician, but the many sick people as well. One thing we should be proud of in this country is the fact that we have a class of physicians who have developed and discovered the many diagnostic and therapeutic laws that are now in use. America can claim the title of discovering all the essential laws of *therapeutic diagnosis*, and we can well afford to let old Europe have the credit for the origination of *nosological diagnosis*. It is to be hoped that in this country at least the scientist will come out of his closet, descend from his high position, and join hands with the practical physician, so that *American medicine* will be perpetuated. In the past the scientist has not been practical, but he shall be, for all his discoveries must be tried before the high tribunal—the practical physician.

THORACOPLASTY.*

BY HAL C. WYMAN, M.S., M.D.,
DETROIT, MICH.,
PROFESSOR OF SURGERY, MICHIGAN COLLEGE
OF SURGERY.

When this word stands at the head of a paper it means that something is to be said about the surgery of the chest.

To repair defects in the chest is certainly commendable, and to cure up bad cases of chronic pulmonary disease is a great desideratum. The operation of thoracoplasty is chiefly useful in curing serious, exhausting, long-continued suppuration within the chest cavity.

Many lives are sacrificed through the ravages of tuberculosis that might be saved by resort to thoracoplasty.

It is performed in this way. An incision is made from the apex of the axilla downward to the eighth rib, cutting all the tissues overlying the ribs.

Then muscles, fascia, etc., are stripped off the ribs a distance of two to three inches in each direction, parallel with ribs, over a subjacent abscess or abscess cavity, and a bone forcep is applied and the denuded portions of the ribs are excised.

This leaves more or less chest wall, according to the area of disease within, a mobile, flabby flap that can be adjusted to any granulating lung or pleural surface beneath it.

Now to make a man, woman or child who has been through this complex surgical process get well requires a very nice adjustment of means to ends.

The patient is likely to be weakened by hemorrhage from the cut tissues, particularly since his vitality is doubtless greatly reduced by the fever, pain and sweating he has already suffered.

But if scissors are used when practicable instead of the knife, and are used also as a periosteum elevator to crowd back the tissues adherent to the rib, there will be very little hemorrhage and shock in the operation.

Water should be shunned, as it is of no use during a surgical operation, and is capable of a great deal of harm by diluting and washing away Nature's antiseptic, the blood serum.

Keep water out of the wound and the

likelihood of wholesome healing will be greatly increased.

Pus had better be mopped away with sterile gauze.

Flooding of any kind should be avoided during the execution of the operation.

Before a wound is made the patient should be as clean externally and internally as water, soap, detergents, antiseptics and laxatives can make him.

He should be maintained constantly during his illness, before and after the operation, in the best possible condition for resort to surgery. He ought always to be prepared for an operation.

If the term prepared for an operation means anything and implies that a man sick with a disease of the chest may be placed in a better condition than is usual, then I hold that he ought to be kept in that best possible condition all the time; because the repairs made necessary by surgery are no more trying to a patient's vitality than are those made necessary by the local inflammation and the systemic infection and toxemia.

Per contra, when the wound of thoracoplasty becomes infected and the subjacent granulating surfaces are pouring out an acrid infecting pus, water may be used in an irrigating device to wash the putrid poisons away as fast as they are produced.

But even now the water should be made to resemble normal blood serum by the addition of common salt and bicarbonate of soda in the proportion of one drachm of each to a quart of water; and it should be caused to flow constantly, in a steady, moderate stream, through the wound.

Fever may be checked and wounds healed by this means, but it should never be used until there are present in the case some signs of infection.

The use of medicine to promote the healing process requires a high order of clinical skill, and should call for the daily attention of the family physician.

Any ordinary trained or family nurse can attend the irrigating apparatus, change gauze and dressings, but to feed and medicate a case of thoracoplasty needs the best art of the bedside physician.

Thoracoplasty deals with lungs, pleura and chest wall, which is composed of skin, fascia, muscles, periosteum and bones.

Sound lung and sound pleura are in no sense compromised by the operation when properly performed, but the diseased parts

* Read before the Jackson County Medical Society, Jackson, Mich., April 9, 1901.

of those organs are attacked with remorseless precision.

The surgeon who would do this operation must recognize the diagnostic import of pain in the side, fever, cough, absence of respiratory sounds, all the refinements of percussion and auscultation, together with the judicial ability to interpret the facts of history as related to the patient's illness.

Yet by far the larger number of cases that have appeared in my practice have come with the evidence of pleural abscess manifest by a discharge of pus from an opening which had been made by some former physician, who had recognized the pus and let it out in the simplest and wisest manner, so that all I had to do was to assure myself that the abscess would not heal spontaneously or with the help of daily douching with sundry chemicals, so often resorted to for the purpose; so that I had good, sound and sufficient excuse for operating.

There are a few cases of pleural abscess which have been discharging for some weeks and who have gained fairly in flesh and strength without any marked disposition of the discharge to cease, and who are very reluctant to submit to an operation, on the grounds that they are doing very well as they are. Now to all such I would simply say that protracted suppuration of this kind is quite certain to lay the foundation for incurable kidney disease, and that therefore they should be operated upon, notwithstanding the adverse counsel of short-sighted advisers.

My views about thoracoplasty can be made more clear perhaps by reciting the case of C. M., of Huron County, Mich.

He consulted me about ten years ago, when he was about twenty-four years old.

He had been working two years before as a teamster in the lumber woods, and while thus engaged was attacked with chill and fever, followed and accompanied by cough and pain in his right side near the nipple.

The pain and fever, with dry, short, sharp cough, continued for more than two weeks, when the doctor found fluid in the right pleural cavity, and drew off, with great relief from pain and distress in breathing.

But he did not get quite well, the fever hung on; the doctor had to see him every day, and he could not sit up very long nor

could he rest on his back in bed, but had to incline half-up, half-down.

The doctor now put the trocar a second time into his chest, but instead of drawing out a quantity of simple serous fluid as before, he drew off pus, and told the patient that a larger opening would soon have to be made and a tube introduced.

When C. M. came to see me in Detroit he was much worn by months of suppuration, suffering, and by the journey by rail and steamer. Some weeks before the physician, Dr. La Douceur, now residing at Warren, Mich., who had attended him through all the different phases of his illness, had made a free incision between the sixth and seventh ribs, introduced a large drainage-tube and established ample passage for the discharge of pus and the use of antiseptic fluids for the purpose of healing the cavity within the chest wall. This photograph, taken a few days after his arrival at the Emergency Hospital, shows the large sinus in his side and gives a good view of his enfeebled condition. Some idea of the dimensions of the pus chamber may be gleaned by the fact that a whole six quarts of irrigating fluid would disappear through the opening in his chest, and when it was allowed to run out it was usually augmented by a half-pint or more of pus.

The respiratory movements were greatly increased in frequency, and usually numbered well up in the thirties; his pulse was constantly above 100 beats per minute and his temperature ranged daily from 100° to 102° F. The clubbed fingers and emaciated body shown in the photograph speak strongly of the great stress upon his powers of resistance to the steady approach of death.

Under chloroform anesthesia an incision was made from the apex of his axilla downward to the eighth rib. The soft parts were stripped away from the ribs and about five inches of the fourth, fifth, sixth and seventh ribs were resected with bone forceps. Before denuding so much rib surface my finger was introduced and determined that the abscess cavity was overlaid by this much rib surface, and that no interposed lung or pleural surface would be endangered by the operation.

Great quantities of coagulation necrosis and coarse, flabby granulation were scraped from the pyogenic surfaces and removed. Then the soft flabby flap of chest wall was

approximated to as much of the abscess wall as it would cover and was held in position by a large gauze pad, which had to be changed when found saturated with pus every night and morning.

There was an immediate improvement from day to day in his condition until after about six weeks healing was complete. The right side of his chest steadily shrunk and collapsed until two years after the operation I could find no evidence of active breathing lung below the third rib. Clearly, the resection of the overlying ribs had taken the stiffness and rigidity out of one wall of a great abscess and had made its collapse and cicatrization practicable. That was really all that was needful in this case. You will, I hope, agree with me that anything more would have been meddlesome and perhaps harmful, and that the dressing of plain sterile gauze and bandage to maintain contact of the abscess walls was beautiful in its simplicity and fruitful in its purposes.

And now, ten years after the operation of thoracoplasty was performed upon my patient, I have no photograph to show you his splendid and continued state of health, but his present employer tells me that he is vigorous and strong, with the proverbial appetite of the hired man.

His companions call him Charlie One-lung, not because of any inclination to shirk the fatigues of the barn or field, but because he is a voluble and tireless expounder of the virtues of wholesome surgery.

Instant Relief of Pains.

According to Winterburn, in the *Journal of Obstetrics*, in many cases a nice warm meal is better than any medicine; "still, where the pains are exhaustive and severe, I turn to amyl nitrite. This potent drug is a very effective controller of after-pains, and used cautiously I see no reason to apprehend harm from it. A neat way of using it is to saturate a small piece of tissue paper with five or six drops, stuff this into a 2-drachm vial and request the patient to draw the cork and inhale the odor when she feels the pains coming on. It acts with magical celerity."—*Med. Progress.*

MANGANESE dioxide, combined with ferrous carbonate, is effective in amenorrhea with anemia.—*Med. Summary.*

OLD-TIME PRACTICE.

BY GEO. J. MONROE, M.D.,
LOUISVILLE, KY.

When I was a boy, which is now over half a century ago—that is to say, I can remember very distinctly what took place fifty years ago—doctors were not as numerous as the sands upon the seashore; neither had they the paraphernalia or incumbrances (yes, I believe I am entitled to say incumbrances) that physicians have to possess to-day. When old Dr. Colby was called to see any of my family who might happen to be sick he brought his home-prepared medicines (that is, many of them he had prepared himself) in a pair of saddle-bags. Of course, these medicines were not as palatable as sugar- or chocolate-coated pellets which we now have, but I am very sure and certain they were fully as effectual and far-reaching as medicines of to-day. Indeed, they reached from the place of entrance—the mouth—to the place of exit—the anus; that is, provided they got past the stomach. Many of them did not get past this organ. If there was anything in the stomach when these medicines reached that viscus they were pretty certain to take their departure either one way or the other. If vomited, they did not come up in gentle puffs and gusts, but the action was cyclonic. If, perchance, the stomach was passed the expulsion would be by the rectum and anus, and this would be equal to a regular oil-well gusher. This, perhaps, was not as pleasant or agreeable as sleeping upon a bed of roses, pillowed upon eider down; neither was the perfume quite as delightful to the olfactory organs as the attar of roses. Yet the service was effectual and certain. With all the unpleasant action and effects, disease was removed as certainly, completely, and about as speedily, if not more so, than at the present time. One thing seems quite apparent, that the medicines used at that time, and disease, could not with any degree of peace, quiet or serenity, occupy the same place or position at one and the same time. They were certainly antagonistic, and naturally we would suppose they would be.

Another remedy that physicians always carried in those days was a lance for the purpose of bleeding. If I remember aright, my mother was always prepared with bandages to bandage the arm, pre-

paratory to bleeding. Old Dr. Colby was in the habit of getting his lance out and laying it upon the table before even removing his hat, or before ascertaining what the disease might be that he was called to see. Bleeding was done in any event. It was part of the routine of practice. The lances were not always clean, either, yet I never heard of any septic condition resulting from the bleeding. Bleeding was primary, first and foremost in all cases and conditions. I remember that a horse kicked me once as Dr. Colby was passing the house. I was not injured much, yet mother called in the doctor, and he at once proceeded to bleed me—I presume on general principles. I had seen my mother bled a great many times. The doctor would always bleed her sitting up in the bed, and when she would faint and fall over in the bed he loosened the bandages. The doctor had me sitting upon the bed, and when a small quantity of blood escaped, I shut my eyes and fell over on the bed. I remember he told mother that he never saw any one so speedily affected by bleeding. This was the only time I ever was bled.

I am satisfied that bleeding was carried to extremes, and, as in my case, was used when not required. Yet patients apparently recovered as speedily and fully as often as they do to-day by more conservative methods of treatment. The pendulum has swung altogether too far in the opposite direction in condemnation of bleeding. I believe that in acute pleurisy, pneumonia, rheumatism, peritonitis and many other inflammatory diseases, if bleeding was considerably made use of, many more patients would recover, and many diseases would be much more rapidly controlled than they are to-day. I do not believe that judicious bleeding ought to be entirely condemned or discarded. I believe that there are many physicians alive to-day who will be carrying a lance for the purpose of bleeding before they die.

The old-time method of sweating, in many instances, was excellent treatment. I used it a great deal when I first practiced medicine, and had very favorable results from its use. There are many inflammatory diseases which would be benefited by it to-day. In combination with the sweating process calomel was used. There is no question but what it

was used too heroically, and many a sore mouth was produced by it. I think we have passed just as far to the other extreme in giving minute doses, as we did at one time in giving the large doses. I am inclined to think we had better strike a medium between the much and the homeopathic little. In place of giving an eighth or the tenth of a grain, as is the fad to-day, as a dose, we had better give a grain, or even two grains at a dose, until we have given from ten to twenty grains. I am doing this in my practice with better results than when I was using the small dose. In those days calomel was always followed by castor oil or epsom salts (sulphate of magnesia), and so the use of calomel ought to be followed to-day. What better treatment can possibly be used to empty the bowels than the above? The calomel, as well as acting as a cathartic or laxative, has the tendency of exciting the action of the liver. I believe that the liver is inactive in nearly every disease, and one of the principal objects in treatment is to set it to work, and what will do this better than calomel?

Old Dr. Colby always carried sweet spirits of nitre, and in nearly every case he gave it to his patients. There is no question in my mind about sweet spirits of nitre being a diuretic. It certainly does act upon the kidneys. It is a remedy that is not much used to-day, as it is thought we have much better diuretics. I doubt if we have anything that is much better. Getting the kidneys to act well was one great object of the old physicians, and it certainly was a very wise and sensible one. I am of the opinion these organs are altogether too much neglected in the treatment of diseases now. Why this is so I cannot explain, for what is more necessary than to have the bowels acting well, and the kidneys excreting well, and the sweat-glands performing their work well? How else can we get rid of poisons which are in the system producing disease than by these emmuncaries? We should always see to it that they are doing their duty.

I do not know that I would advocate vomiting, yet it demonstrated that the practitioners of fifty years ago were anxious of getting rid of all fermented, indigestible matter that might be in the stomach. Indigested material in the

stomach has often been the primary cause of disease. Ipecac and warm salt and water, or mustard and water, were often used to produce emesis. When there was fever, connected with dry skin and nervousness, the Dover's powders with sweet spirits of nitre, were used.

The hot drops, or what the Eclectics call No. 6, was used by Dr. Colby to some extent, but I do not think very generally. He used the Spanish fly for the purpose of counter-irritation and blistering, where he met with local inflammation. It acted in some other way than as simply a counter-irritant, for they had a sedative, quieting effect. How often it was noticed that fever would subside, temperature would be reduced, and nervousness would be controlled, when a good blister was formed. The patient often would pass into a restful sleep. I remember when a boy, of perhaps ten years of age, I was sick one entire summer. I was not very sick, but tired, sleepy and dull; had some headache every second day, with chilly sensations and evidently some fever.

Somewhat or other, and I do not know why, for they were not apt to change much or to take up with anything new, my parents took me to see a Homeopathic physician. It was about the time they came upon the stage of action. I got no better under this physician's treatment. Finally my father took me to see old Dr. Colby, and took eight or ten little bottles of sugar pills which I was taking along with him. The old doctor turned them all out in his hand and swallowed them, remarking at the time that he liked sugar. I remember he gave me three grey powders. There was about one-half teaspoonful in each. I know now they were the hydrarg. cum. cretæ. These were to be taken three hours apart in maple syrup. These were to be followed by a tablespoonful of castor oil. The bowels acted very freely a number of times, and in a few days I was all right. I evidently had a sluggish liver, and it needed stirring up with the mercury.

But few died in this Canadian community while young. Nearly all lived to the allotted age, and more—threescore years and ten. At that age they generally were active and healthy. I can only recall two or three that died with con-

sumption. Consumption in Canada has become much more frequent than it was fifty years ago. In fact, I believe this to be the case everywhere. It seems to be a disease of civilization and wealth. I do not mean to infer that the Canadians were not civilized, but I can safely say they were not at that time wealthy. They did not live in fine houses, nor did they always fare sumptuously. Many of the houses were constructed of logs, and the cracks between the logs were by no means hermetically sealed. Neither were the windows and doors so closely fitted that all air from the outside was excluded, and all vitiated air from the inside was retained. There was usually sufficient openings to let the bad air out and the good air in; therefore, the most of the time the air in the houses was pure. Another thing which added to the purity of the air was the large, old-fashioned fireplaces. The food partaken of, many times, was coarse, but it was not adulterated. We ate largely of corn-meal and vegetables. The vegetables we raised ourselves, hence they were always fresh. The corn we also raised, and took to mill and had it ground. We raised our own meat, so did not eat of cold storage meat. We had our own hens, so had fresh eggs. We caught our own fish. The wheat flour which we used was ground in the old-fashioned water mills. The outside was not entirely separated from it. The bread made from this flour was not as white as we have to-day from flour ground in roller mills, but I believe it was more digestible and more nourishing. There was nothing at that time canned, and nothing adulterated. We lived upon a pure food. The ingenious Yankee was not abroad as he is to-day, with his many substitutes for food-stuffs. It seems to me that people were stronger and much more healthy than they are to-day, and apparently enjoyed life more than we are doing.

Old Dr. Colby relied upon five or six medicines in his treatment of diseases, and was fully as successful in combating disease as we are with our hundreds. With all our new coal-tar derivatives and other remedies, are we really saving any more lives than physicians did fifty years ago? Are we cutting disease short any? I am satisfied that surgery has advanced and is being practiced very much more

successfully than it was half a century ago. But I do not believe, and I do not think we have evidence to prove that the simple practice of medicine, so far as saving life is concerned, has advanced one iota. I may be taking strong grounds when I make this statement, but I believe every word I say. Of course, I admit that physicians have much more to contend with than they had at that time, for increase of wealth increases bodily infirmities, I believe, and the physician has these conditions to contend with that he had not at that period. It is very likely, if we treated disease to-day as it was treated fifty years ago, we would be very much less successful than physicians were at that time. For conditions have changed, environments have changed, foods have changed, mode of life has changed, and necessarily in many respects the manner of treating disease has changed. I often think we have changed in that respect, perhaps, more than we ought. I believe that we will, to some extent at least, get back to old ideas and methods of treating the sick, and more than likely improve in doing so. In writing this paper I do not wish to combat or find fault with anything that is real progress, but so much is brought before physicians to-day that is not progress, and that is not proven, that a word of caution, I think, is necessary. Many ideas to-day should have a lantern hung out with the red cloth around it, which indicates danger, and we should approach them very carefully until satisfied that there is no danger ahead. Because some one says, on paper, that they have a coal-tar preparation which will not in any way interfere with the heart's action is no positive assurance that such is the fact. No; on the other hand, it is not a fact, for every coal-tar derivative does affect, in more or less degree, the action of the heart. There are so many to-day making medicines who know nothing about the action of medicines that I believe it is our duty to be very wary in trying them, and if we recommend them we should be assured of their action from actual experience before doing so. It does not seem to be difficult to obtain recommendations from physicians in regard to any remedy. I sometimes think this is done to get rid of the agent who is traveling in their behalf.

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SATURDAY, APRIL 20, 1901.

BUBONIC PLAGUE IN SAN FRANCISCO.

It has been at last definitely settled that bubonic plague exists in San Francisco; the *Journal of the American Medical Association*, in a late number, gives a complete review of the entire subject. During the past year reports of straggling cases have appeared in the medical press, principally taken from the *Bulletin of the Marine-Hospital Service*, though the lay press of San Francisco, for political purposes it is said, has vigorously denied that the plague has ever obtained a foothold. It seems remarkable that in spite of the positive assertions of one of the most skilled bacteriologists of the Marine-Hospital Corps, of the bacteriologists of the City and State Boards of Health, and of the bacteriologists of the University of California and of Cooper Medical College, the press should persist in their denials, and even resort to personal attacks upon men who were conscientiously and faithfully working out the truth for the public good. Some of the papers declared that even if the plague were present in the city, it were best to deny it! To settle the matter beyond the shadow of a doubt, though as a matter of fact no doubt existed in the minds of the intelligent, a commission was appointed by the Secretary of

the Treasury to investigate. The commission consisted of Dr. Simon Flexner, of the University of Pennsylvania; Dr. F. C. Novy, of the University of Michigan, and Dr. L. T. Barker, of the University of Chicago, all men of international reputation. When news of this commission was obtained by the California press the Governor of the State was forced to wire a protest—fortunately, without avail. The commission directed its efforts only to Chinatown, and proceeded to investigate the causes of death among the Chinese for a period of thirteen days. Without going deeply into details, their report proved pathologically and bacteriologically that of the thirteen deaths occurring during that time, six were due to bubonic plague. To the credit of the stubborn officials, as soon as this report convinced them of the deadly malady within their midst the most energetic methods were instituted for its suppression, and these measures are being vigorously carried out at the present time. All Chinatown is under the closest inspection, and it is hoped and indeed expected that the danger from that quarter at least is at an end.

The possibility exists that as the disease has been almost confined to the Chinese, other American cities with a large population of this race may have become infected. Certainly plenty of time since the discovery of the first case in this country—March, 1900—has been given for its dissemination.

It is almost useless to speculate as to the reasons why the disease has not spread more rapidly, considering the length of time it has been known to exist in the United States. Perhaps the climate has not been suitable; certainly the Chinese population of San Francisco is surrounded by better hygienic conditions than their brethren in Asia; one important feature is that there has been no epidemic of plague among rats as far as can be deter-

mined, and it has been pretty well demonstrated that these animals are among the principal factors in the spread of the disease. In this connection it is interesting to note that the California Chinese are more generally fully clothed; they are then not so readily infected from bites from rodents. Another explanation of the apparent non-virulence of the affection is rather a formidable one to contemplate. Before the plague raged in India it was known to have existed in a mild form in Calcutta, without much tendency to spread, for several years.

The vigorous measures that are being taken by all classes in San Francisco and the hearty coöperation of the Chinese themselves will, however, undoubtedly succeed in stamping out the disease so thoroughly as to leave no fear that a repetition of the Indian experience will fall upon our country.

M. A. B.

THE REGISTRATION OF CON-SUMPTIVES.

In the proceedings of the Philadelphia County Medical Society for March, 1901, we find a very interesting paper on "The Registration of Tuberculosis from the Standpoint of Private Practice." We venture the opinion that this essay of Dr. Matthew Woods will meet the approval of nine-tenths of the medical fraternity of the United States. The arguments by Dr. Woods against the assumption of self-constituted health authorities in matters of private practice are overwhelming. It is high time that members of the medical profession should combine and resist the invasion of the private rights of general practitioners and their patients by men of the bureaucratic politico-medical type, whose constant endeavor seems to be to alarm the public and indorse proprietary specifics. Says Dr. Woods:

"The fact of the matter is that the

subject of 'The Registration of Consumption as a Contagious Disease' is too large and important to be decided by the deliberations of a single night, for, looked at in its far-reaching and misery-producing entirety, it would be seen that upon its settlement rests the wretchedness or happiness of such a multitude as no man can number; that the result of registration is calculated to enter and, without the slightest compensatory benefit to either sick or well, disturb the peace and dissipate the happiness of many homes, and even our remote descendants, if registration should become the vogue, instead of being as we should desire, children of hope, may become victims despair. To bring the question 'home to our bosoms and lives,' as some one said while contrasting Bacon and Socrates, let us consider for a moment that there is hardly a home-circle in the land that has not at least one member afflicted with tuberculosis, some more, some a succession of members, and these would always have the family name writ large, not on the scroll of fame, but on the public registrar's 'Book of the Dead.' The Egyptians had 'Books of the Dead,' beautiful records, published after death, but this proposed book of ours is different. It is to contain damaging records of the living. Your family and mine may be upon the record, numerously so, and this not only for a few weeks, as in the acute diseases, and as the unfortunate victims of the yellow label know is bad enough, but for years. Can we not imagine a few of the simpler consequences? A young man applies for a position; he is asked to bring his public health record; when a young woman qualifies for the place of teacher, the same. Even if a man should run for office, the family record of health may be the campaign cry; thus the fact of his being proclaimed as the subject of a contagious disease may be used to defeat him at the polls, and no man cares to have his family held aloft as an illustration of physical degeneracy. Such complications as these may be imagined and multiplied indefinitely. Registration may be for a time enforced at the point of the bayonet upon emigrant Russians and Italians, who do not know our language and usages and how to organize against unjust measures, but surely it cannot be perpetrated against us. In Italy the experiment was tried. Just like

our registration proposition, it erred on the side of rigor, and was abolished.

"To return again to the family side of the matter, for this is largely a sociological question, father, mother, wife, husband, brother, sister, or some relative may have the disease that all men dread and no man cares to acknowledge. How wisely we think, and how kindly we encourage them in the belief that the cause of their discomfort is 'catarrh,' 'bronchitis,' 'cold.' We can do this, and still take care of the excretions, the only cause, we are told, of contagion; we know the importance of hope as an element in the treatment of the sick; how encouragement prolongs many a useful sick life and makes more endurable the suffering of the invalid; we know what a sacred duty it often is to keep, from the sick, knowledge of the fatal character of their distemper. This is one of the most beneficent instincts of our nature, and yet this stern proposition would compel us to do the opposite, and instead of encouraging the sufferer to the end, demands that almost the instant we make the discovery we must tell the patient he has this fatal disease, and thus pronounce his death sentence in a moment, when kindlier nature often takes twenty years to do the same. This is what registration asks us to do, when we know, and heaven knows, that we have to register altogether too much as it is. Again, may we not make a mistake in our diagnosis. Such things have happened, and thus proscribe a man for a disease he never had.

"Instead of acting, therefore, according to our better judgment, we shall be compelled to approach those who look to us for protection, even if members of our own families, and say, in substance, and in the words of a familiar tract we are recommended to say to our patients, 'You have consumption, you must be registered because you are not only going to die, but while living your life is a menace to the community, the family.' You must not kiss your brothers or sisters, children or wives, except on the cheek and better not at all; you must not shake hands with your friends, you must have separate dishes from the rest of the family, use your own towels, knives, and forks, and have them washed in a different part of the kitchen; you must not touch anything that may be touched afterward by any one

else. You must, metaphorically, have the brand of Cain upon you without his guilt. Nay, worse, for whereas the first fratricide killed but one, you may deal death to thousands, and like the leper in Willis' poem, on the approach of friendship must forever cry out, 'Unclean, unclean.' Now is this not barbarous, unscientific, ghastly, extravagant, especially when all that the advocates of registration hope to accomplish by it is merely to induce the victim of tuberculosis to burn the excretion from the lungs."

There can be no argument used but a very senseless one against this plain statement of Dr. Woods. In a medical experience of thirty-three years' private practice, among all classes, from private houses to crowded tenements, we have never seen a single instance that would seem to indicate that consumption was, in even the slightest degree, a contagious malady. In four years of an earlier experience, as a hospital interne, we never noted a case of transmission of the disease to a nurse, doctor or other patient, although for months at a time consumptive patients were placed in the same wards with parties suffering from all manner of affections. There never was the slightest evidence on which to even suggest that the disease might be contagious. This is one man's personal experience, and the statement could be made in any court, under oath, not as the expert opinion of the alleged bacteriological gentleman deeply imbued with the value of serotherapy, but only the observation of an ordinary general practitioner. But let us quote Dr. Woods again:

"To me the registration of tuberculosis as a contagious disease is not only an unnecessary and unscientific, but cruel procedure, and if put into universal practice would soon be regarded by the community as a national calamity. Thus we see that registration cannot have a good effect on the patient, even independent of the social objections, inasmuch as it compels us, as soon as we discover it, to assure him of a condition that cannot but depress and

injure him, through his emotions and imagination, for it is a familiar fact that anything that diminishes the integrity of the nervous system predisposes to consumption when not existent and aggravates it when it exists. A few localized tuberculous lesions may not necessarily be fatal, but who can calculate the effect of apprehension, constant brooding, and fear on such a condition? To quote a few historic examples: Goethe had a pulmonary hemorrhage in his eighteenth year, he became anemic, had night-sweats, and continued to cough for months after. He died in his eighty-third year of lung disease. See *Gespäche mit Goethe Ecker- man*. During this period, sixty-five years, he realized in his own person all the splendid possibilities of modern civilization as expressed in the greatest literature, mastered every science, became accomplished in every art, an authority in every branch of human knowledge, wrote the greatest books, projected the grandest works, exhibited the most marvellous versatility, made of his whole life a masterpiece of art, and as Emerson said, 'was in himself the embodiment of everything great since the world began.' Now, would there have been sufficient light, gaiety, restlessness in his life, to have accomplished this and to have filled the world with new delight and inspiring pictures if he had been registered as a consumptive, as he evidently was, sixty-five years before his death? Michael Angelo had a cough, a hemorrhage and a fever when a young man. Had he been a resident of Naples in 1782 instead of Florence earlier, under such conditions he would have been put upon the ban—see Prof. de Renzi's *Storia della Medicina Italica*—regarded as the present registration project proposes to regard consumptives, namely, as public pests. If such had been the case would even his resolute intellect have lived on for eighty-eight years, would it have conceived St. Peter's, painted the Sistine Chapel, carved the Captive and Pieta? We think not; instead of victorious he would have "died like a poisoned rat in a hole," with no record but the public health one to tell his history."

History could be called on to multiply and re-multiply such instances adduced by Dr. Woods. That there is a rising public and professional feeling against the further

imposition on the personal rights of the public and general practitioner by alleged sanitarians is a fact that cannot be gainsaid. There is no way to account for the oppressive measures adopted by sanitary authorities save on the ground of ignorance of those who usually are called on to fill places on State boards. It is a notorious fact, to any man the least familiar with Continental medicine, that about a year and a half after some idea has been exploded in Germany or France it is worked up as the latest in sanitary medicine by American State boards of health, where every new fad preached abroad is duly exploited on the ground that it is a fact and not an idle theory. The old Parisian medical bonnets appear in Oregon the year after the fashion disappears in Paris. It is the same with microbian and chemico-medical styles; we find them being discussed as the latest modern sanitary facts, when all interest in the medical mode had been lost in Europe. In all the reports of the various State boards of health that come into our hands—and they are numerous—we see but one thing, *i.e.*, discussions on points that the eminent sanitary savants (?) of Europe had dissected and buried months before. As alarmers of the rural districts State boards are a grand success; they are alike the holy terror of the cow and chicken owners in the country, who wish the Legislature had never created such wonderfully constituted bodies. It were better for the good of the States to wipe them out, considering their efforts in behalf of proprietary medicine quack serums.

T. C. M.

ERGOT AFTER LABOR.

Ten years ago nearly every physician administered ergot after cases of labor. At the present time a change has taken place relative to its use. There are still some physicians who always use ergot, some who use it under certain conditions,

and a few who never use it. Even at the present time the effects of this drug are not perfectly understood; especially is this noticeable in its action on the nervous system. We do know its action on the circulatory and muscular systems; that it produces powerful contractions of the uterus and diminishes the blood supply by its constricting action upon the blood-vessels, and hence its indications for use before labor is condemned, except in two well-defined instances, mentioned in the article on ergot before the birth of child. After labor the advocates of its use administer this drug for its action on the unstriped muscular fibres and its constricting influence on the blood-vessels as a means of promoting rapid involution of the uterus. Its effect we know now to a certainty is not constant. A heavy, large subinvolved uterus of some weeks' standing may be stimulated to contraction by the constant use of ergot, but even here the effects are not constant and the results are far from satisfactory. Many advocates of the use of ergot claim that it limits the danger to post-partum hemorrhage, diminishes the force of after-pains, and lessens the tendency to accumulations of putrid material in the uterus, and hence is one of the great factors in the prevention of puerperal infection. Were this so ergot would indeed be an indispensable drug. Personally I have used ergot about five times in the last one hundred cases, and I have nearly discarded it because it is disagreeable to taste, frequently causes nausea and sometimes vomiting, and we cannot rely on its action. Putrid material in the uterus after labor generally means that infection took place at the time of delivery, and all the ergot at our command would not do as much good to the patient as a thorough washing out of the uterine cavity under proper antiseptic precautions. In a normal labor why use ergot when the viability of the woman is good and the fundus of the uterus can be felt as a hard,

firm ball above the symphyses? If the uterus is lax, the woman thoroughly exhausted after a long, tedious, badly conducted labor, as so frequently happens with midwives and the few practitioners who always wait just another hour, then the drug may be administered. It may be used with some benefit after operative obstetrical cases, but in my opinion the value of this drug has not stood the test of the many claims of its adherents.

M. A. T.

EDITORIAL NOTES.

At the sixty-eighth annual meeting of the Tennessee State Medical Society the following officers were elected:

Deering J. Roberts, M.D. (*Southern Practitioner*), Nashville, President.

J. B. Murfree, Jr., M.D., Murfreesboro; L. A. Yarbrough, M.D., Covington; W. B. St. John, M.D., Bristol, Vice-Presidents.

A. B. Cooke, M.D., Nashville, Secretary.

W. C. Bilbro, M.D., Murfreesboro, Treasurer.

Next place of meeting: Memphis, Tenn., on the second Tuesday in April, 1902.

DODD, MEAD & Co. announce for early publication a novel by Professor W. H. Venable, of Cincinnati, O. It deals with Aaron Burr's audacious scheme of founding an empire in the Southwest, for the furtherance of which the famous Blennerhassett expended his whole fortune and sacrificed his beautiful island home in the Ohio River. Professor Venable is an acknowledged historical authority, and in addition is thoroughly acquainted with all that portion of the country in which the scene of the story is laid.

CHANGE OF ADDRESS.—The Eastern office of the Abbott Alkaloidal Co., in New York City, has been removed to 100 William Street. The new quarters are located more conveniently and are much more commodious and afford better facility for the handling of the rapidly increasing business of this office. Eastern patrons of the Abbott Alkaloidal Co. will kindly note this change of address.

Obituary.

J. FRANK WILLIAMS, M.D.

Dr. J. Frank Williams was born in Cincinnati, May 30, 1876. He was educated in the public schools. After his graduation from Woodward High School he pursued his medical studies in Miami Medical College, from which he was graduated, with high honors, in the class of 1900. On competitive examination he secured the internship in the German Protestant Hospital, and entered on his duties with zeal and enthusiasm. Within a short time he developed diabetes and was obliged to resign his position. After several weeks of rest he was so much improved as to be able to undertake the practice of medicine in conjunction with his cousin, Dr. John G. Williams, of Westwood. He pursued an active practice for several months, showing ability as a physician of a high order, and giving promise of a brilliant future. On the first of April, notwithstanding that evidences of the disease still persisted, he had gained in weight and strength and was beginning to hope for complete recovery. While returning from a trip to Chicago, on the 5th of April, the symptoms of diabetic coma began to develop. After reaching the home of his uncle, in Wyoming, this coma developed very rapidly, and he died on the morning of the 8th.

Dr. Williams was a young man of the highest moral character and of a genial nature, which attached to him hosts of devoted friends.

M.

WYETH'S PREPARED Food.—This prepared food is not a mere mechanical mixture, the bulk of which is composed of sugar; in fact, it contains no cane sugar, glucose, molasses or sweetener of any kind, its pleasant taste rendering it so acceptable to invalids, infants, and others, being derived entirely from the desiccated milk, with its natural sugar of milk, combined with the agreeable odor of the prepared cereals and the sweetness of the extract of malt. As an infant's food it is positively ideal, as more nutritious and at the same time simpler materials for such a food could not, in our judgment, be brought together; and by mixing it with fresh, pure milk, and in some cases a little cream, a most nourishing and powerfully restorative food can be obtained for older children or adults.

Correspondence:**CHRISTIAN SCIENCE.**

GALENSVILLE, ILL., April 15, 1901.

Editor LANCET-CLINIC:

Centuries and centuries ago, long before Christianity was ever even dreamt of, the hygienic rules of Moses, as laid down in the Pentateuch, were religiously followed and obeyed. All the books of the Old Testament evidence a knowledge of medicine not found in the New Testament. The old Bible informs us that the peoples of those earlier days knew full well the virtues of many medicinal herbs, and, to a certain extent, many of the details of pharmacology. That much of the medical knowledge of Moses was derived from the ancient Egyptians, goes without saying, as he was educated by the magi of their most wondrously learned land.

We have no intention of shocking the orthodox ideas that may be held by any physician, be he Jew or Gentile, but wish to merely call attention to the fact that even in ancient Greece, Hippocrates wrote most eloquently and learnedly over 350 years before the Christian era, while the Alexandrian Library, filled with most valuable medical manuscripts, the writers, many of them, being physicians of the earlier periods of time, was open to readers over 300 years before the dawn of Christianity. The Greek and Latin classics, dating back far before the time of the New Testament, abound in medical allusions that are as fine to-day as in the long-gone ages in which they were written. So medicine has an authenticated history that vastly antedates the New Testament,

That medicine is divine in origin every good doctor will, no doubt, admit, for even Hippocrates attested that the living and eternal God was the inventor of the healing art. In the good Old Testament we read, in Ecclesiastics, that "God created the physician and physic, and that He hath given science to man, and 'tis He that healeth man." With the Apostle Mark, and the New Testament, came the faith cure, the Christian Science, that had no science in it, but was a miracle cure, for Mark said: "They laid the

sick in the street, and besought that they might touch, if it were but the border of his garment, and as many as touched him were made whole." Now, there is nothing in this statement of Mark's that we should endeavor to confute, for these miracles were performed almost two thousand years ago, and are attested by a large number of New Testament authorities.

There is always credulity with reverence, hence disputation only tend to unsettle faith, and as faith is true worthiness, according to many philosophic writers, we would not care to even endeavor to upset the faith of so-called Christian Scientists.

Plato, who lived several hundred years before the birth of Christianity, claims that a good doctor is second only to God himself. May we modestly remark, we quite agree with the old Athenian, although he has been classed falsely as a pagan philosopher. Yet, it was this same Plato who said that only physicians are allowed liberty in the matter of lying, when our health depends on vanity and the falsity of their medical promises. Ages before Christianity King Hezekiah held that medicine was contrary to Divine teaching, so he burnt up the songs of Solomon, that even good Christian Scientists of the feminine persuasion even now blush at, because, forsooth, the works of Solomon contained remedies for all affections, and the people took these remedies instead of praying to God. Now there is more medicine to the square inch in Solomon's songs, more allusions to healing plants and medicinal agents than there is in the whole New Testament. Yet, as Solomon was the wisest man that ever lived, according to the views of many, this is not wonderful. Yes, Mr. Editor, although Solomon had several hundred wives, he is yet considered wise, outside his allusions to roots and other medicinal agents. Now, St. Luke, your favorite, Mr. Editor, was the physician of the New Testament, and he lived at an epoch when Greek medicine, the whole Hippocratic collection, full of medical erudition, was in common use among doctors. If St. Luke ever had the least knowledge of medicine there is no evidence of it in his writings, for he maintains a discreet silence on all medical matters save the *miracle cures* that he attests tacitly.

He was, no doubt, a Faith Curist, and how could he be anything else when he had such a full knowledge of the miracles of Christianity? Now, what the Galensville Medical Society objects to, Mr. Editor, is the word "science," used in connection with Christian, for there is absolutely not the least evidence of any science in the New Testament. Nor should there be in any religion, for a mind that can grasp at the supernatural soars far above the need of any science and simply exults in the faith of the miracles.

We predicted many months since, through the LANCET CLINIC, that the materialistic tendency of modern medicine would arouse a spirit of the clergy of all denominations, and that the result would be the re-opening of Protestant healing chapels and Catholic shrines, and our prediction has come true. Modern medicine, with its many ridiculous theories, has so upset modern society that it seeks refuge from its miraculous theories with a higher power. After all, Mr. Editor, are not Christian Science and the Faith Cure more reasonable than the Nihilism of real homeopathy, so frequently professed and so seldom followed?

We alluded to St. Mark as the first Faith Curist, yet a later humoristic Mark, one Twain, appeared only a few weeks since, before the New York Legislature, and made an appeal for Osteopathy, so-called, stating that it was only the Swedish movement cure, that was known to him long before the term Osteopathy was invented. Mark Twain claimed that if the State allowed every man to choose his method of religion to save his soul, with full liberty to make the selection, the State should also allow a man to select the method of treatment he wanted to use on his own body. There can be no logical argument urged against this, no matter how much physicians who love to regulate medical practice by law may object. The trouble is, Mr. Editor, that the Regular medical profession should be dignified and ever stand on its own merits, without stooping to the conciliations of quackery, by the passage of oppressive medical enactments. You may view this as vile heterodoxy, Mr. Editor, but it is true, nevertheless. Now, so-called Christian Science, on the average occasion, will meekly come to the regular doctor's office

for advice. We have alleged Christian Scientists in Galensville, Mr. Editor, and only a short time since a pious daughter of that faith, having had a self-induced abortion, needed more after-treatment. There was no genius in the Christian Science church to stop the flow of blood by the miracle. She has prayed for a long period, but finally took between times large doses of ergotin. *She was healed.* The Christian Scientists who ran that chapel of healing, a male by the way, announced from the pulpit that Miss — had finally recovered, "thanks to Christian Science." Now, it may be, disputed that the medicine she took had no effect, but that the prayers did. We may proudly answer, "God only knows!" As she paid her bill for services we are duly thankful for the Christian Scientist, and would like to find a few more for the same compensation. This is a true bill.

Yes, Mr. Editor, this name Christian Scientist should be changed for the historical reasons mentioned, and the word Hezekiahites substituted, for Eddyite is a misnomer. The leader of her sect has the same honor of medicine and doctors as the old prophet, but when doctors go armed with microbial centres in their hair, beard, moustaches, on their skin and finger-nails, sowing the germs they so alarm the dear public with, no wonder the average credulous person avoids the advanced, modern medical practitioner as the devil does holy water.

But we must close, Mr. Editor, the winds are howling over the lowlands of the Kankakee. Only the other night I heard the *konk* of a flock of wild geese moving north, a sure harbinger that winter is about over and that the anemones, pussy willows, red bud and dogwood will soon show their beautiful faces to the Springtime sun. At Galensville the doctors live rather on good deeds than office receipts. Speaking of good deeds, have you read Dr. H. S. K. Davis in the Iowa *Medical Journal*? Well, here it is:

"All hearts that are human have hopes of their own,
Some struggle for glory and perish unknown;
Some live by good deeds," while the doctors
subsist
On mortals, deficient in power to resist
The microbe's invasion, which in time late or
soon,
Will gather you in, unless you're immune.
So "why should the spirit of mortal be proud,"

In a land where physicians and germs are allowed
To roam at free will, and assail you perchance,
With toxin non-toxin or jalap and lance?
You know not what moment these germs may
 prepare
Their nest in your colon and migrate from there,
To that organ, the surgeon delights to ligate,
Three lines from the cecum, and then amputate.
Nor can mortal tell what day or what night,
He may have both the germs and the surgeon
 to fight;
And between their toxins and the bold surgeon's
 lance,
Your prospects, oh well, there is always a chance
To depart from these scenes of sickness and woe,
To that realm, where the doctor and germs never
 go.
But 'till then you may seek, though doubtless in
 vain,
For a mundane retreat, where these scourges
 twain,
Come not to molest you and look not around,
That point so attractive, McBurney has found,
For whither you journey, soon microbes appear,
And the up-to-date surgeon is close in their rear,
With scalpel, aseptic, and stuff to inhale,
And sutures galore, from the kangaroo's tail,
And as for the doctors, why, every one knows,
They're so thick they're tramping on each other's
 toes;
Each hamlet is crowded and in cities, no doubt,
They're a trifle too thick, but you can't keep
 them out;
They are everywhere present, at all times are
 seen;
At birth and at death and all seasons between.
Why, the first one you meet when you come
 upon earth,
Is a wise-looking doctor of more or less worth,
And the last you gaze on before your demise,
Is an offspring of Galen, who's still looking wise,
Though dejected some now, as a usual thing,
But defiant as ever and still in the ring,
And there he'll remain until robed in his shroud;
So "why should the spirit of mortal be proud?"

I wonder what the spirit of honest old Abraham Lincoln would say on this parody of his favorite poem? Come up and see us in April; bring your fishing-rod and some *bait* in a jug.

TOBIAS TABBS, M.D.

The Grip in New York.

The New York State Board of Health has issued a special circular concerning grip in that State. Its first appearance was in 1889, and the number of deaths from grip since has been as follows: 1890, 5,000; 1891, 8,000; 1892, 8,000; 1893, 6,000; 1894, 3,000; 1895, 5,000; 1896, 2,750; 1897, 3,000; 1898, 2,500; 1899, 7,000; 1900, 11,500. In January of the current year, grip increased the number of deaths in the State by 3,000.—*North-western Lancet*.

Current Literature.

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Positions that Affect Sleep.

According to Dr. Granville, the position affects sleep. A constrained position generally prevents repose, while a comfortable one woos sleep. He says: "Lying flat on the back, with the limbs relaxed, would seem to secure the greatest amount of rest for the muscular system. This is the position assumed in the most exhausting diseases, and it is generally hailed as a token of revival when a patient voluntarily turns on the side; but there are several disadvantages in the supine posture which impair or embarrass sleep. Thus, in weakly states of the heart and blood-vessels and certain morbid conditions of the brain, the blood seems to gravitate to the back of the head and to produce troublesome dreams. In persons who habitually, in their gait or work, stoop, there is probably some distress consequent in straightening the spine. Those who have contracted chests, especially persons who have had pleurisy, and retain adhesions of the lungs, do not sleep well on the back. Nearly all who are inclined to snore do so in that position, because the soft palate and uvula hang on the tongue, and that organ falls back so as to partly close the top of the windpipe. It is better, therefore, to lie on the side, and in the absence of special disease rendering it desirable to lie on the weak side so as to leave the healthy lung free to expand, it is well to use the right side, because when the body is thus placed the food gravitates more easily out of the stomach into the intestines, and the weight of the stomach does not compress the upper portion of the intestines. A glance at any of the visceral anatomy will show this must be. Many persons are deaf in one ear, and prefer to lie on a particular side; but, if possible, the right side should be chosen. Again, sleeping with the arms thrown over the head is to be deprecated; but this position is often assumed during sleep, because circulation is then free in the extremities, and the head and neck, and muscles of the chest are drawn up and fixed by the shoulders, and thus the expansion of the thorax is easy. The chief

objection to these positions is that they create a tendency to cramp and cold in the arms, and sometimes seem to cause headaches during sleep, and dreams. These small matters often make or mar comfort in sleeping.—*Dietetic and Hygienic Gazette.*

The Window, the Room and the Sun.

That light is an essential of health has long been recognized vaguely, but we are now gradually learning to some extent to what the health-giving properties of the sun's rays are due. The depressing and demoralizing effects of darkness have been known from time immemorial, and the dungeon was perhaps the worst form of punishment to which a human being could be subjected. It is only comparatively recently that attention has been given to the necessity of providing an abundant supply of unfiltered light as well as air to our dwelling places.

A little over half a century ago many of the tenements of London were no better than dungeons from the point of view of the provision made for the entrance of light. Indeed, as is well known, glass windows were taxed, this action of the State being itself an incentive to darken the house. The question remains how best to secure the health-giving properties of light whilst excluding variable conditions of weather which would give rise to discomfort.

In a paper upon this subject which was read at the recent meeting of the Tenth International Congress of Hygiene and Demography in Paris, M. Trelat, a well-known authority on hygiene, gave it as his opinion that the best light for the house is the slanting light as opposed to the vertical and the horizontal light. Of course the light proceeding in a straight line from the zenith could not be made available, while the light proceeding in a straight line from the horizon, as at sunset, similarly could not be utilized, besides which this light is not so pure, for, as M. Trelat holds, it is deteriorated by passing through successive layers of dust and vapors escaping from the soil. According to this view houses should be constructed to receive the rays of light at an angle of thirty degrees—that is to say, from a space corresponding with the mid-heavens—and, in order to obtain this light, houses

should not be higher than two-thirds of the width of the street. If a street, for example, were thirty feet wide the houses on each side should not be higher than twenty feet. We are afraid that there are very few houses and streets complying with this standard. The suggestion is, of course, not to cut down our houses, but to widen our streets, a suggestion with which everybody would be in accord were it possible economically to carry it out. The question of the presence of microbes at different air levels must not, however, be ignored. Bacteriological experiments have shown that the air near the ground is loaded with micro-organisms, the number diminishing as we ascend. The difference is most marked even in the case of a five-storied building, the air in the top story being comparatively free from microbes, while that on the ground floor swarms with them. This state of things would be altered if the sunlight were admitted properly on all floors, for sunlight is a powerful bactericide.—*Lancet.*

Paraffin Injection in Incontinence of Urine.

In the *Centralbl. f. Gynacol.* Dr. R. Gersung relates a case of incontinence of urine treated by the above-named method. The patient was a woman, aged twenty-five, who, after her first confinement, had a large intra-vaginal fistula. As this was closed by operation, it was seen that the sphincter vesica did not act. When the patient came under the writer's notice she remained dry a few hours when lying down, but urine trickled away constantly on sitting, standing or walking; the bladder, however, did not quite empty itself in this way. The treatment was begun by injecting a 5 per cent. solution of cocaine into the neighborhood of the urethral orifice, after which unguentum paraffin was injected submucously into a prolapsed fold of bladder mucous membrane lying in the urethra. The fold now thickening was not so easy to replace in the bladder, and when there it does come down again. The ointment was now injected in several places round the ostium urethræ. After about three and a half cubic centimetres of paraffin ointment had been injected in this way a raw ring was felt surrounding the orifice of the urethra, and the mucous membrane raised in this

way was now found to close the orifice. Water now injected into the bladder did not return, and on trying to empty the bladder two hours later she could not, and the catheter had to be used. In a week a second injection of paraffin was made which again made a prominent ring around the urethral opening. After the second injection she was continent some hours, and after that violent tenesmus came on. This soon improved, however, and on her discharge, five days after the second injection, the patient remained dry for an hour and a half when walking about. Three months afterwards the woman reported that she could retain her urine from four to six hours when going about, and from ten to twelve hours when lying down. She wetted herself no longer.
—*Berlin Cor. Med. Press and Circular.*

The Hygiene of High Altitudes.

It is well known that the chemical composition of the atmosphere differs but little, if at all, wherever the sample be taken; whether it be on the high Alps or at the surface of the sea, the relation of oxygen to nitrogen and other constituents is the same. The favorable effects, therefore, of a change of air are not to be explained by any difference in the proportion of its gaseous constituents. One important difference, however, is the bacteriological one. The air of high altitudes contains no microbes, and is, in fact, sterile while near the ground and some 100 feet above it microbes are abundant. In the air of towns and crowded places not only does the microbic impurity increase, but other impurities, such as the products of combustion of coal, accrue also. Several investigators have found traces of hydrogen and certain hydrocarbons in the air, and especially in the air of pine, oak and birch forests. It is to these bodies, doubtless consisting of traces of essential oils, to which the curative effects of certain health resorts are ascribed. Thus the locality of a fir forest is said to give relief in diseases of the respiratory tract. But all the same, these traces of essential oils and aromatic products must be counted, strictly speaking, as impurities, since they are not apparently necessary constituents of the air. As recent analyses have shown, these bodies tend to disappear in the air as a higher altitude is reached, until they

disappear altogether. It would seem, therefore, that microbes, hydrocarbons and entities other than oxygen and nitrogen, and perhaps we should add argon, are only incidental to the neighborhood of human industry, animal life, damp and vegetation.—*The Lancet.*

Relationship Between Diabetes Mellitus and Locomotor Ataxia.

The *Zeitschrift f. Klin. Medizin* has an article by Hr. Croner on this subject. The two diseases, the writer says, have so much in common that at a first glance one could easily be mistaken for the other. Even if sugar is present, if the percentage is not high, one might easily doubt whether the common type was one of ataxy with transient glycosuria or diabetes with atactic symptoms. Some attention had first been drawn to the relationship by Althaus, a good deal of attention had been given to the subject. Level-Regeshef had spoken of a pseudo-tabes in diabetes. The differential diagnosis between pseudo-ataxy and true ataxy is difficult, and more difficult now than formerly, as it is now known that there are a number of cases in which the characteristic symptoms are not always present at the commencement of the disease. Often enough gastric crises are seen in cases that present no other symptom of ataxy. The further course of the disease clears up the diagnosis.

The connection between diabetes and other affections of the spinal cord is not frequent, and complication of diabetes with ataxy is rare. The first undoubted case was described by Oppenheim, then came the four cases described by Fischer. Grube described two cases, Naunyn two also, and others one each. The writer had himself observed three cases.

Syphilis might be looked upon as a common cause of both affections. Without going into the long disputed question as to whether ataxy is a sequela of syphilis, it cannot be denied that in the majority of cases syphilis has been an antecedent disease. Syphilis is a frequent cause of arterio-sclerosis, and this is a frequent cause of diabetes. In this way syphilis may be an indirect cause of diabetes. If diabetes and ataxy can be present simultaneously, brought about by a common cause, on the other hand diabetes may be a complication of ataxy brought about by a change in the

nervous system in a part presiding over the sugar formation of the system. Oppenheim's case was the best proof of this. There was a visible proof that the diabetes was set up by extension of the ataxic process to the region of the origin of the vagus. In two other cases also there was strong presumption that the ataxic disease caused diabetes in the same way, by participation of central nerves in the ataxic process.—*Berlin Cor. Med. Press and Circular.*

The Chemistry of Tears.

Tears have their functional duty to accomplish, like every other fluid of the body, and the lachrymal gland is not placed behind the eye simply to fill space or to give expression to emotion. The chemical properties of tears consist of phosphate of lime and soda, making them very salty, but never bitter. Their action on the eye is very beneficial, and here consists their prescribed duty of the body, washing thoroughly that sensitive organ, which allows no foreign fluid to do the same work. Nothing cleanses the eye like a good, salty shower-bath, and medical art has followed Nature's law in this respect, advocating the invigorating solution for any distressed condition of the optics. Tears do not weaken the sight, but improve it. They act as a tonic to the muscular vision, keeping the eye soft and limpid, and it will be noticed that women in whose eyes sympathetic tears gather quickly, have brighter, tenderer orbs than others. When the pupils are hard and cold the world attributes it to one's disposition, which is a mere figure of speech, implying the lack of balmy tears, that are to the cornea what salve is to the skin or nourishment to the blood.

The reason some weep more easily than others, and all more readily than the sterner sex, has not its difference in the strength of the tear gland, but in the possession of a more delicate nerve system. The nerve fibers about the glands vibrate more easily, causing a downpour from the watery sac. Men are not nearly so sensitive to emotion; their sympathetic nature—the term is used in a medical sense—is less developed, and the eye-gland is, therefore, protected from shocks. Consequently, a man should thank the formation of his nerve nature when he contemptuously scorns tears as a woman's practice. Be-

tween man and monkey there is this essential difference of tears. An ape cannot weep, not so much because its emotional powers are undeveloped, as the fact that the lachrymal gland was omitted in his optical make-up.—*Dietetic and Hygienic Gazette.*

Mediastinotomy.

At the Surgical Society, M. Ricard related an interesting case of operating through the sternum. A woman, on whom tracheotomy had been performed, and who wore a cannula, allowed it to drop accidentally into the trachea. After fruitless attempts to extract it through an opening in the throat, the speaker decided to reach the foreign body by making a large opening in the sternum opposite the bifurcation of the trachea. The first part of the operation was easily effected, and the right bronchus brought into view. He was unable to feel the cannula through the walls of the conduit, although the radiograph had shown it in that position. Not having the proper instruments for suturing the trachea he did not like to incise it, and renounced pushing any further his investigations. The patient ultimately succumbed to gangrene of the lung. The autopsy showed that the cannula was situated at the bifurcation of the trachea. The speaker added that in a similar case he would no longer hesitate to incise the bronchus, although great difficulties would be met with in suturing it, as Milton, who had attempted it, was not able to perform it.—*Paris Cor. Med. Press and Circular.*

The Surgical Treatment of General Peritonitis.

Hr. Langenbuch, at the Free Society of Surgeons, gave a short note on the surgical treatment of peritonitis.

Operation gave no prospect of recovery only when the general sepsis was not far advanced. As in the treatment of abscesses in general, it was important to remove the pus and prevent its reaccumulation, so it was in general peritonitis. The best method of doing this was drainage from the lowest point—the pelvis. This part, however, only remained the lowest point so long as the patient was kept in the most upright position possible. He

therefore drained Douglas pouch in women through the vagina, and in men from through the perineum. The patients were then supported by bands, and kept upright day and night and washed out through the drainage tubes every two hours. In this way he had been able to keep five out of twenty cases alive. He would not carry out any measures for searching for the point of origin. Of the five recovered cases the disease certainly started from the vermiform appendix in two.

Hr. Rotter, in addition to the drain in the pelvis, placed one in each lumbar region, and believed that he drained more thoroughly by doing so. It did not require patients being kept in the uncomfortable position required by Hr. Langenbuch. A number of speakers took part in the discussion, and all, from their own experience and from theoretical considerations, pronounced in opposition to drainage, although Krause was of opinion that Langenbusch's favorable experience gave some encouragement to a trial of this method of treatment.—*Berlin Cor. Med. Press and Circular.*

Physiological Remedies.

The most important measures which can be employed in dealing with the sick may be said to be baths, exercise, and diet. The chronic invalid can be made well only by being reconstructed. The sick man must be transformed into a healthy man by a process of gradual change. Little by little the old tissues must be torn down and new tissues built in their place. By means of exercise the movement of the blood is accelerated and the old diseased tissues are broken down and carried out of the body. Exercise always diminishes weight. Warm baths increase the elimination of waste substances, and cold baths stimulate the destruction of tissues, increase the activity of the heart and of all the tissues, encourage the formation of the digestive fluids, and increase the appetite for food. A dietary consisting of pure food substances, of a character to be easily digested and assimilated, is the proper material with which to construct a new and healthy body. Thus, baths, exercise, and a natural dietary, constitute a therapeutic trio, each member of which is a complement to the others.

Health-getting, for the chronic invalid,

is simply a matter of training, of health culture under favorable conditions, which include the discarding of all disease-producing habits, such as the use of tobacco, tea, coffee, and all irritating, indigestible, and disease-producing foods.—*Dietetic and Hygienic Gazette.*

Cost of Poor Relief.

London ends the year as it began it, or very nearly, so far as pauperism is concerned. In the first week of December there were 103,052 persons receiving poor relief from the rate-payers of London, a figure 195 lower than that for the corresponding week of 1899. In spite of the prosperity for the past few years pauperism has shown little tendency to decrease, while the expenditure on pauperism has been rising by leaps and bounds. The cost of the relief of the poor in England and Wales has risen from eight millions odd in 1890 to eleven millions odd in 1899. The cost per pauper in the metropolis has jumped from £21 16s. 1d. in 1890 to £28 13s. 1½d. in 1899. These, remarks the *Speaker*, are sensational figures, into which rate payers and philanthropists alike are bound to inquire. We would ask whether public-houses and gin-places contribute enough to the relief of the destitution which they create, and whether the ground landlords whose unearned rents are also a potent cause of poverty in the large towns ought any longer to remain exempt from local burdens.—*Indian Lancet.*

AMMONOL AND INFLUENZA.—The present winter is distinguished by the most terrible epidemic of influenza or "grip" that has ever afflicted this country. It is confined to no particular locality, but has spread north, south, east and west, and the dread of it has quite obscured in the public mind the terrors inspired by the threatened epidemic of smallpox.

By itself the grip might not cause so much alarm, but it seems to prepare the way for pneumonia, phthisis, bronchitis, and even diphtheria. The careful, far-seeing physician looks beyond the distressing symptoms of grip itself and endeavors to save his patients from the more directly fatal diseases.

The physician is usually well prepared for the general treatment of grip, and finds that his most pressing need is for a thoroughly reliable antipyretic and analgesic, which, while reducing temperature, and quieting painful symptoms, shall not only not add to the depressed condition

of the patient, but, on the contrary, shall actually fortify him against all depression.

Such a combination of qualities is not to be found in the ordinary list of analgesics and antipyretics so freely offered to the physician.

Long experience has demonstrated that only in the drug known as Ammonol, a coal tar product in which there is a chemical combination with ammonia, is to be found an appropriate remedy which will sustain the patient while reducing temperature and overcoming pain.

Ammonol has been found valuable in the treatment of all diseases of the air passages. Asthma, hay-fever and pertussis are always benefited by it. In pneumonia it is indispensable. In influenza and bronchitis it is the physician's sheet anchor.

In many cases it is advisable to use Ammonol in combination with other remedies, and in this connection special stress should be laid upon the combination known as Ammonol, Codeine and Camphor.

In this combination the antipyretic qualities of Ammonol are unchanged, while its analgesic properties are increased by the codeine, and the camphor is added as an anti-spasmodic.

During the past four months Ammonol has been tested by at least 75,000 physicians in the United States alone, and the evidence in support of the claims made for it is overwhelming.

The statements made here regarding Ammonol are plain, unvarnished statements of fact which may be easily verified by any physician who has not already thoroughly tested it.

THERAPEUTIC NOTES.—All medical men are acquainted with the inconveniences that have been noticed with the adulterated officinal preparations of the salts of quinine, and a number among them have proved the deception that the absorption of impure salts, found so frequently in the commercial product, have caused invalids.

In presenting to the medical profession the Pil. Quin. Dad, the manufacturers seem to have solved both sides of the problem—the facility of administration and the increased activity of the product.

The Dad pills dosed mathematically to two grains of quinine and contained in a metallic case are easy to preserve and convenient to carry, covered with a light coating of sugar and being very small they are taken by ladies and children without the least difficulty.

Prepared by a special process, it is rare that they cause the rumbling in the ears, and their activity is much greater than the usual commercial article.

Dr. G. E. Kirby, in resuming numerous experiences made in the State Hospital at Raleigh, N. C., states that fifteen grains of Dad's quinine gives results quite as satisfactory as twenty-four grains of ordinary commercial quinine.

Dr. J. W. P. Smithwick says that, thanks to their purity, he has prescribed them without injury during pregnancy when the administration of ordinary quinine has sometimes been followed by disastrous effects.—*Le Bulletin Médical*, Paris, France, March 9, 1901.

Translations.

MEDICINE AND MORALS OF ANCIENT ROME ACCORDING TO THE LATIN POETS.

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

II.

Satirical Poets—Lucilius, Perseus, Juvenal, Martial.

PERSEUS.

Rome undewent punishment for its faults, liberty was dead, despotism reigned in the midst of the orgies of the Empire. Some proud souls had preserved a remembrance of the Latin country; they protested and sought a refuge in stoicism. Among the latter was Perseus, the poet.

The father of Aulus Perseus Flaccus was a Roman knight of the equestrian order, and brought his son to Rome at an early age so he might study letters and philosophy. The youth had for a master and friend Thraseas and Cornutus; Lucan was his co-disciple.

Thanks to a considerable fortune, Perseus could afford to mingle with all classes of society, from the city to the court, going everywhere he desired to study public morals. He described everything with the greatest independence, and, as it has been said, he was made the apostle of that philosophy that served for refuge and support against military despotism. His satires contained, under forms of illusion and irony, the history of the turpitudes of the Empire, the social wounds, "those vices hidden under the tinsel of gold," debaucheries, political comedies, poisonings, murders that had far their theatres the processions of the throne and the windows of Suburra, that notorious street of ancient Rome.

His first satire is a dialogue between an interlocutor who represents popular opinion and one who represents public conscience. Perseus reproaches the Romans for their manner of writing platitude, of making bad verses. Perseus says to one of these writers: "The wind of

the largest pair of lungs is exhausted in declaiming his pretensions and bombastic productions. When it comes thy turn to speak, thou wilt climb the steps of the tribune, and after having softened thy pharynx with the gargle of the period thou wilst make thy reading with a languorous eye and appear as though dying with pleasure."

"*Sede leges celsa liquido quum plasmate guttur
Mobile colueris, patranti fractus ocello.*"

From thence arise indecent scenes, says our poet. Our good Roman wind spinners frisk and wriggle, neighing when licentiousness excites the regions of their kidneys, the seat of their pleasures, by noises of their titillation.

"*Quum carmina lumbum
Intrant, et tremulo scalpuntur ubi intima versu.*"

These sensations described by Perseus have never, we believe, been cited in any of our treatises on physiology. Meantime, Remy, in July, 1884, communicated to the Biological Society, a note on the ejaculatory nerves. He made experiments on the great sympathetic, and discovered that a small ganglion existed situated in front of the kidney, the excitation of which, transmitted by the nerve filaments to the vesicles seminales, determined an ejaculation without any previous erection. The current, passing by the ganglion and the dividing nerves, is a centrifugal current, for the excitation of the central end gives no rise to any phenomena.

In his second satire, dedicated to his friend Macrin, Perseus brands the religious hypocrisy of the aristocracy and the absurdity of popular superstitions. Men ask the divinity to accord them wisdom, virtue, honors, but at the bottom of their hearts they say: "Oh, if my rich uncle were to die, would he remember me? He is lymphatic, he has ganglionary engorgements, bile torments him and leads him to despair!"

"*Namque est scabiosus, et acri bile tumet!*"

He mentions then the intrigues of Agrippina and Nero, that preceded the murder of Claudius and Britannicus. It is in order to sanctify their vows that these gentlemen go every morning in order to plunge their heads in the Tiber two or three times, in order to purify themselves.

Go, hypocrites and purify yourstlves; one never buys divine protection with sacrifices, with lungs and a fat gut.

"*Pulmone et lactibus unctas!*"

To superstitious women he says: "See that grandmother or aunt? She believes in Heaven. She pulls her grandchild from the cradle to rub her ancient finger over its forehead, and upon its moist lips she purifies the new born with the grandmother's salival poison; it is the preservative against the evil eye. Afterwards she slaps the baby's two little hands, and with that superstition the child's future will be brilliant. But," says Perseus, "you ask the proof. The old fat bodies of old age—alas! the fat bellies of these old grandmothers of Italy. The gods grant them nothing, and Jupiter's hands are tied. Let us offer to immortals," says this pagan poet, "a pure heart, a character full of the ordinary principles of honor. That is more agreeable than presents placed on rich altars, on plates of gold, for the rotten tribe of *Messalina*.

Perseus never gave any explanation for the phrase that he called "*Lippa propago Messala.*" But we know that the progenitor of the illustrious General was not only dishonored by the infamy of *Messalina*, but that there was, according to Titus Livius, Tacitus and Cicero, no such an ignoble personage; this Cotta *Messalinus*, who, stupified by all the excesses of debauchery, say all contemporary historians, bore upon her face all the shameful traces; her eyelids were eaten off by discharges."

This passage is yet a fact to join to the documents that Juvenal has furnished us, along with Martial as regards syphilis.

The third satire shows us a preceptor entering the chamber of his pupil about midnight. This pupil is still abed fatigued by the excesses of the night before.

"How is this possible?" says the latter. "Hallo! his bile comes up quick."

"*Turgescit vitrea bilis.*"

The pupil complains of his ink, pen and paper. His preceptor reproaches him with idleness, pride, his manner of living, that is like that of a certain Natta, "whom vice has made demented and who no longer feels anything under the thick leprosy that covers him.

" Non pudet ad morem discincti vivere Nattæ?
Sed stupet 'hic vitio et fibris increvit opimum
Pingue.'"

" I always remember," says the youth's preceptor, " that in my childhood, when I did not wish to learn a beautiful discourse by Cato, ready to give himself to death, I anointed my eyes with oil."

" Sæpe oculos, memini, tangebam parvus olivo."

" At once I wished to play with dolls, but thou art not a pupil of Portico or a young man who has submitted to a severe discipline of torture, and is nourished on herbs, broths and oat cake. Thy head, reeling so it can no longer rally thee, thy repeated yawnings, and thy jaws, betray thy very youthful age.

" Stertis adhuc? laxumque caput, compage soluta,
Oescitat hesternum, dissutus undique malis!"

The preceptor, who appears to have received from Craterus some notions of medicine, continues thus: " The patient, when dropsy has swollen his limbs, asks for hellebore.

" Helleborum frustra, quum jam cutis ægra tu-
mebit
Posentes videas."

But he was too late; his affection was too incurable and he promised, in vain, his heap of gold to Craterus.

" Venienti occurrite morbo,
Et quid opus Cratero magnos promittere montes."

Afterwards he adds: " Prevent evil then, instruct yourself, poor mortal; study the laws of nature, know what you are and why men are called to life. See what I am; I do not know from whence these heartbeatings come and why my breath rises from an infected and diseased throat; look at it, I pray thee—!

" Inspice; nescio quid trepidat mihi pectus, et
ægris
Faucibus exsuperat gravis halitus, inspic,
sodes."

" The physician prescribes repose, but at the end of three days, the blood having taken the regular course, the patient wishes to go to the baths and also to drink a bottle of Sorrento wine."

" Qui dicit medico, jussus requiescere, post-
quam
Tertia composita vidit nox currere venas."

Is there any reason to suppose, after that, that the doctors of antiquity did not

know something about the circulation of the blood? Know when its course was regular and in a physiological condition, when it was irregular and in a pathological state? They did not know, it is true, the mechanism and cause of the circulation, that which is the important point of this physiological function.

Let us continue to read this interesting dialogue:

" But, my friend, thou art very pale."

" That's nothing."

" Pay attention to that nothing, for thy skin is yellow and swollen, without thou even perceiving it."

" Eh, thou! thou hast also a sad visage; if thou desirest to be my tutor. I once had one, remember, and buried him. So be on thy guard."

" Well, then, I hold my tongue."

So this patient with the yellow tint and gorged with food, despite the mephitic exhalation that convulsively escapes from his mouth, goes to a bath.

" Turgidus hic epulis, atque albo ventre, lavatur,
Guttare sulfureas lente exhalante mephites."

But while he drinks a chill surprises him, the cup of hot wine drops from his hand, his teeth chatter. From then on comes the sound of the funeral trumpets.¹ Afterwards the cadaver, placed upon a burial parade litter and anointed by rare perfumes, is carried from his door feet forward. Here is, then, a curious description of the symptoms of excessive alimentation, grave indigestion, the consequences of which are dangerous, especially when in such a state the patient is given a hot plunge bath.

But this is not all; the young man, who was perhaps Nero, that he rotted also, to the mind of Perseus, might have only been Seneca. Tired of sermonizing, he says: " Fill my pulse, place the hand on my chest, touch my hands and feet. Am I cold?"

" Tange, miser, venas, et pone in pectore dex-
tram;

Nil calet hic; summosque pedes attinge manusque."

And the preceptor replies to his pupil: " Is thy heart in repose when thou covetest gold, when the young daughter of thy

¹ Funeral services were conducted to the sound of instruments—to the sound of the flute for young persons, to the trumpet for elderly parties.

neighbor smiles at thee? When they serve thee a plate of vegetables and barley bread, dost thou eat? Thou hast in thy mouth an ulcer that thou fearest to scorch with vulgar beets."

"Tentemus fauces; tenero latet ulcus in ore.,
Putre, quod haud deceat plebia radere beta.."

The ulcer that this glutton has in his mouth and that prevents his eating can only be one of those aphous ulcers that develop under the influence of an alteration of digestive functions or under that of a bad general disposition. Celsus also makes that remark very explicitly—

"Ulcera oris quæ 'aphtas,' Graeci nominant."

As for the *beta plebeia* or *vulgaris*, it is a species of Chenopodiaceæ that contains three alimentary varieties—the white beet, red beet and sweet sugar beet.

"Finally, thou art in a chill when fear has bristled the hair on thy body and thou burnest when thy blood is lighted up and that thy eyes sparkle with the fire of thy wrath. Thy words and actions are such that thou seemest a fool even to Orestes himself."

Here our poet seeks to prove that the study of wisdom is necessary for a political career. He argues against those young madcaps who assist in the direction of public affairs, and who do not even know how to govern themselves; they persuade themselves that they have talent, and are only the mere playthings of their own passions; they ignore the fact that a man is really superior by his culture of mind, by his virtue and character."

Perseus was made to develop these remarks by Socrates addressing himself to Alcibiades, at the moment when the latter goes on to become the chief of the Republic.

"Without doubt," said the grand philosopher, "thy intelligence and experience in public affairs come to thee even before thy beard: thou knowest when to speak and when to hold thy tongue; thou knowest how to discriminate, to discern the true from the false! In place of exhibiting thy plumage to the eyes of the peoples, why not purge thyself moreover with doses of hellebore?"

"Anticyros melior sorbere meracas?"

¹ Celsus, I, 2, Cap. 1.

Let us remark, in passing, the tendency of the ancients for evacuants, a tendency that we moderns have preserved and which is always the basis of our therapeutics—*purgare et clysterium donare*.¹ We know the medicine and gymnastics of the ancients answered an excellent hygienic purpose to develop the strength and prevent diseases; that kind of sun bath, too, where the body was previously anointed with oils and odoriferant essences. It is certain that this action of the sun on living beings is very favorable; especially so in certain forms of paralysis, on scrofulous children, in cases of tumors, Pott's disease and in general among all individuals enfeebled by diseases and excesses.

In another satire Perseus permits us to assist at a conversation between himself and his master, Cornutus. Our poet invited all Romans to come to the same school of the science of life. Afterwards he tells them what one must understand by moral liberty, which is true liberty; for it is that which permits us to master the passions that tyrannize over us, that is to say, avarice, idleness, love, ambition and superstition.²

He shows us men in different employments of life agitating, torturing, punishing themselves, forgetting how to live. But a day comes when man will groan over his errors and there is no time left him. "Calculus gout gnaws his articulations and breaks the branches of the dried tree."

"Sed quum lapidosa chiragra
Fregerit articulos, veteris ramalia fagi."

"It is an error of belief," adds Perseus,

¹ The ancient philosophers all believed that hellebore was salutary for the mind. The best grew on the island of Anticyra, from whence that old proverb, "Naviget Anticyram," in speaking of an individual who goes insane. Hellebore, or ellabore, was of the white variety (*veratrum album*), and is a very violent purgative. Moderns draw their veratrine, that has emetic and sternutatory action, even in very small doses.

² Petronius did not write at much length on the moral affections, but he justly says: "The vulture that devours the liver up to the bottom of the entrails, that is not as poets claim the vulture of Tityus, but envy and chagrin those diseases of the soul."

"Qui vultur jecur intimum pereat
Et pectus trahit intimasque fibras
Non est, quem Tityi vocant poetæ
Sed cordis mala, livor atque luctus."

"that men can be masters of living as they desire. They have duties to fulfill that fools have not the intelligence to comprehend. All positive law and the natural law are in accord upon this point, that the ignorant should be interdicted acts which they are incapable of understanding. Wouldest thou administer hellebore if thou didst not know the dose and how to use balanced scales? That would be contrary to the elements of the art."

"*Diluis helleborum, certo compescere puncto
Nescius examen; vetat hoc natura medendi.*"

"It is also an error to say we are free when we depend on so many masters, so many interior tyrants. Behold the free-man! an order cannot move him, and there is no longer anything outside himself that can intensely agitate his machine—*quod nervos agitat.*" It has been observed that no one can understand this passage save in knowing that all philosophy carefully distinguishes the inside and the outside—*intus* and *extrinsecus*—mobile interior sensations and the mobile external sense. Let it be remembered that the ancients compared moral man, agitated by his passions, to wooden or cardboard figures, like those in the modern Punch and Judy show, that are moved by wires. From that the expression *nervos agitat*.

In the same satire Perseus wishes to reveal to Cornutus the sentiments that inspire his gratitude for him, and he says: "Strike upon this heart, thou who knowest how to distinguish a full sound, and the color of the glaze upon the tongue."

"*Pulsa, dignoscere cautus
Quid solidum crepet, et pictae tectoria linguae.*"

It is evident that these expressions are merely employed by our poet as a figure of speech, and intended to convince Cornutus that his pupil has a heart and that the language of his tongue is not glossed over. Yet we must clearly understand, too, that these ancients well understood the symptomatic value of heart sounds and the colorations of the tongue, and the ideas of chest auscultation and percussion. Meniere claims that, although this may be the language of metaphor, the poet makes allusion to the practice of the art, to a procedure to make known the normal qualities of the heart, the physical condition of sonority appreciated by methodical auscultation and percussion of

the thorax. We find, besides, in the edition Variorum the following words: "*Allegoria ab istis qui tinnitu et pulsu fictilium intergitatem explorant.*"

It was known from ancient days that potters and keg makers had the knack of discovery in the values of their wares by percussion. To this day the best skilled ones can tell you how many gallons are in a barrel by mere percussion.

But our poet was to die early, at the age of thirty, A.D. 62.

"Soon," said he, "thou wilt be but a ghost, a vain name of ashes. Death approaches; think of me; time flies; the moment when I speak is no more."

"*Fugit hora, hoc quod loquor inde est.*"

Let us add that Perseus was a great admirer of Horace and Virgil, and a friend of the celebrated Musa and Craterus, the physicians and medical confidants of so many good poets.

[To be continued.]

Medical Aphorisms.

A correspondent signing himself "Artz" sends to the *Canada Lancet* the following professional aphorisms of Amedee Latour.

1. Life is short, patients fastidious, and the brethren deceptive.
2. Practice is a field of which tact is the manure.
3. Patients are comparable to flannel—neither can be quitted without danger.
4. The physician who absents himself runs the same risk as the lover who leaves his mistress; he is pretty sure to find himself supplanted.
5. Would you rid yourself of a tiresome patient, present your bill.
6. The patient who pays his attendant is but exacting; he who does not is a despot.
7. The physician who depends upon the gratitude of his patient for his fee is like the traveler who waited upon the bank of a river until it would finish flowing that he might cross to the other side.
8. Modesty, simplicity, truthfulness!—cleansing virtues, everywhere but at the bedside; there simplicity is construed as hesitation, modesty as want of confidence, truth as impoliteness.
9. Remember always to appear to do something—above all when you are doing nothing. —*Northwestern Lancet.*

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A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

APRIL 27, 1901.

WHOLE VOLUME LXXXV.

PRACTICE OF OBSTETRICS IN CINCINNATI AT THE PRESENT DAY.*

BY MAGNUS A. TATE, M.D.,
CINCINNATI.

In this advanced era of medicine, surgery and obstetrics, a paper with the title of "Practice of Obstetrics in Cincinnati at the Present Day" must deal with plain facts, and in my humble judgment a paper giving to the profession our individual views on certain branches of medicine is never productive of harm, but, on the contrary, always of some good, either to the audience or the essayist. The subject of my paper is one that much can be written of, and I have considered it briefly in a series of subdivisions, my first dealing with

MIDWIVES.

Midwives of Cincinnati number at the present day eighty-seven. Many physicians are under the impression that a midwife is more of a detriment than a benefit to the profession and to the community at large, and to this statement I take issue only in a very limited way. It is said that many midwives are dirty, slovenly, careless, ignorant; that they are utterly devoid of asepsis in the handling of cases—in fact, everything bad, nothing good. This truly applies to the older midwives of our city, who have had little or no training or teaching, while among the younger women who take up this branch of medicine for a livelihood such a broad statement seems hardly justifiable, and yet I agree to all of the above facts in the vast majority of cases, except that midwives are ignorant. If a woman desires to practice midwifery at the present day she goes before the State board or its examiner, follows out all of the requirements demanded to the satisfaction of that board, and is given a certificate to practice midwifery, so we cannot truthfully say that this applicant who

has successfully passed a fair examination in the science of midwifery is ignorant.

This naturally leads us to the question as to the requirements of a woman desiring to practice midwifery at the present day, and they are as follows:

1. She must be able to write, read, and talk the English language correctly (our State board very properly holding that this is an English-speaking nation, and no other language will be acceptable), so this alone is keeping many of the lower element of German, Jewish and Italian applicants from entering the practice of midwifery.

2. She must pass a written and not an oral examination.

3. She is not allowed to do version or to use forceps, and is limited to the practice of normal cases and to normal cases only, so if there arises any difficulty she must summon a physician. This the applicant fully understands.

It may also be of some interest to many physicians to know something of the nature of the questions given to candidate midwives, and I name a few that were asked some of the applicants that I taught:

1. Symptoms and signs of pregnancy.

2. Diagnosis of the first position.

3. Mechanism of an L. O. A.

4. Management of an ordinary case of labor.

5. Care of an infant during the first ten days of life.

Ten such questions, written in a legible hand and answered intelligently, mean that the applicant who answers them is not only not ignorant, but, on the contrary, well posted to practice normal obstetrics. Let us see how midwives at the present day profit by this training and examination.

* Read before the Academy of Medicine of Cincinnati, March 18, 1901.

In many of our tenement-houses it is almost impossible to practice good, clean obstetrics, for the room, chairs, bed, sheets (if they have any) are dirty, and even the air is impure and the sanitary condition of the house is deplorable. Sepsis results, and here we must not blame the midwife who has been in attendance, for it is a debatable question whether any physician could have done much better under the circumstances. The blame is then not on the midwife or the poor, filthy woman in labor, but upon the city authorities who should require and enforce a law that women under such circumstances must go to some hospital for delivery. This is a question of serious import, and one that our health department could well consider with profit to us all, for it seems to me that our city authorities have as much right, when life is at stake, to take charge of such cases as they have to deal with contagious diseases. If people are poor but respectable, then it is a choice between the midwife and the physician, and in our city the midwife generally lands the case. Why? Because people are following a stupid, ignorant custom; regard the act of giving birth to a child in a matter-of-fact way; the midwife is much cheaper, and they do away with a nurse. This is the class of cases that ought to be cared for by the younger practitioners if they, the people, can pay a moderate fee; or, if too poor, the choice of two ways is open to them, either go to a hospital or be attended by some senior student, provided the room is acceptable to the health department, the college being responsible for his or her conduct toward the patient, the law requiring that all women expecting to be confined and living in tenement-houses should receive a permit from the health department. Physicians who have a fair clientèle naturally cannot attend these cases of the very poor, for such small fees as three to five dollars are charged, but we always have with us the recent graduate, who desires experience and very often needs the money, no matter how small the fee. Educating the lower element of society to look upon midwives in the proper light will be a tedious, hard task, but there must be a beginning somewhere, and the sooner the start is made the sooner the result—namely, the doing away with midwives in America, for they are absolutely unnecessary. This can never

be done until physicians are unanimous in this verdict.

I have taught some thirty women so that they could practice midwifery according to law and I have come to these conclusions, after actual experience with our midwives, uneducated as well as educated ones, and a study of their practice in our tenement houses.

Midwives, the older as well as the younger, cannot or will not, see that it is dangerous to deliver women on huge feather beds. They deliver women lying on old clothes, sacks, or even carpets—in fact, on anything that will hold blood, amniotic fluid and fecal matter—with the stupid idea that they will clean the woman, after the birth of child and placenta.

Midwives attend to women in confinement when they have a contagious disease in their own household.

Midwives think it is nonsense to refuse to attend to a woman when they have a large cut or some skin disease on their own hands, and simply will not remove large rings from their dirty fingers.

Some midwives even say, what is the use of putting on clean clothes or apron or even washing our hands to attend a case of confinement, when clean clothes will be immediately soiled and it will make too large a wash for me when I am through with the case?

Just see the harm our educated midwives do with their douchings after confinement, using their nasty fountain syringes, that were clean only once, and that was when the rubber was new.

Our present midwives will not call physicians to aid them until the family demand that they do so, and then I ask you physicians how do you find your patients? Many midwives practice turning and apply forceps when the law is explicit on this point, and they know that they are not allowed to do this. All of them practice medicine in the family and use ergot, morphia, quinine and the coal-tar preparations indiscriminately; treat all diseases, especially those of women and infants, and with their limited knowledge see what harm they do under the guise of educated midwives. If I were to write a paper upon convulsions in young infants I would put as a primary cause midwives of the present day, for the food and medicines given by these women to babies is something that is beyond description. It is

said by some physicians that midwives are essential, and if they exist then let us have good ones and let us educate them. That is the way that I thought some years ago, but now my duty is only to respond to a call from any unfortunate woman that these midwives have attended. My vision is clearer, and I honestly see, without being at all biased in my opinion, that these women are a detriment to educated Americans, and sooner or later the name midwife will be associated with the past. The direct cause to the patient attended by a midwife is not that they die, but the indirect cause is the numerous ailments that arise from bad midwifery. At least 50 per cent. of the gynecological cases have their starting-point from improper attendance and careless after-care of normal cases.

MATERNITY HOSPITALS.

We have no institution within our great city that can be properly called a lying-in institution, where the work is limited to obstetrical cases and obstetrical cases only. There is much need for an institution of this kind in our city, with its large territory and neighboring towns, but the obstacles to its existence are so many that it takes much courage to even try and carry one on. The proper support is not given from the medical profession at large, and it is a proverbial fact that nearly every patient applying for admittance has little or no money. It is always the same old story, and after a year of sympathy and hard work on your part the day comes for the balancing of books, and then you are loth to believe, even after a thorough examination of the debit and credit side, what an institution devoted to doing good to humanity will cost. Some of our deeply religious friends, who are always right, say that a maternity hospital (even regulated by an honorable board with reputable physicians on its staff) is only a home for the encouragement of wickedness and vice, and we have many doubting Thomases among the ministers of our city, who, with all the force at their command, decry an obstetrical hospital as if it were a disgrace to civilization. Why many Christian women look upon a maternity hospital in the way that they do, and why they cannot separate the wheat from the chaff, is simply past my understanding. See what a monument

of charity is that magnificent hospital in New York, the Sloan Maternity, where hundreds of poor, down-trodden humanity are cared for during so trying a time of life, and where neither creed nor color is barred from entering its portals!

After considerable experience with a maternity hospital, I am forced to this conclusion, that cases other than maternity must be received for the hospital to exist in this city, and for the work to go on obstacles must be met with a firm but persistent determination.

NUMBER OF CASES DELIVERED.

When I began to look up the number of births in our city, I was somewhat surprised to find that midwives attend more cases than the physicians. Cases attended at the City Hospital, Presbyterian, Ohio Maternity, Christ's, Miami Maternity, Home of Friendless, Norwood Institution, out-door department of colleges and maternity societies number about 700 cases in one year. These cases are naturally reported as having been attended by physicians, or under the charge of a staff officer.

In 1898 physicians attended 2,615 cases, while midwives attended 3,774, a total of 6,389.

In 1899 physicians attended 2,392, while midwives attended 3,233, a total of 5,625.

We have 777 physicians in Cincinnati, and out of this number let us say 77 do not practice obstetrics, and this gives us about 1,900 cases attended by the physicians of our city as private cases. This makes not over three cases to every physician. We have 87 midwives, and each midwife has attended about 44 cases. See what a state of affairs exist; every midwife, on an average, attending to fifteen times as many cases of labor as a physician!

In 1898, 26 cases were lost out of the 6,389 cases delivered; and in 1899, 22 out of 5,624, about the same percentage.

DEATH REPORTS.

	1886.	1899.
Difficult labor,	5	4
Placenta previa,	2	3
Eclampsia,	2	2
Hemorrhage,	5	1
Peritonitis,	6	2
Septicemia,	6	6

We notice that in nearly all of these cases lost the death report has the signature of

some physician, but that is very easily explained, for the majority of midwives are shrewd enough to call a physician just in time to relieve her of all responsibility. While the results from a mortality standpoint are low, the after-effects from a gynecological standpoint are very high.

OBSTETRICAL FEES.

It is well known that certain physicians ask and obtain better fees than their medical confrères, but this is true in every branch of medicine. A number of obstetricians of note in our community do little or no obstetrics at the present day, and for my answer to this query, listen to the following. The fees allowed are so small for such practice that it is no longer desirable to the busy practitioner unless he is fond of this branch of medicine. The fees allowed range from five to fifty dollars, and it must be a very exceptional case where it reaches one hundred dollars or more. The average fees among our physicians are ten to fifteen dollars. What a contrast is the following: A patient seeks a so-called specialist of our city, has a trifling operation, pays ten dollars, feels satisfied; but a birth in this same family, with all its suffering and shock to the woman, the time consumed and the after-treatment, all of this for such a small fee, and this paid, as a rule, grudgingly. Where is the fault and why have we such small fees for such important work? I mention three prevalent causes:

1. Midwives do much damage to obstetrical fees, for they attend to women and care for the child nine days for three to five dollars.

2. Jewish maternity societies employ a physician by the year, to attend a hundred families, for a ridiculously low specified sum.

3. Maternity societies, through their advance agents (who are usually some sister or brother of the church), offer the services of a graduate physician and a trained nurse (laying much stress upon graduate and trained), give away infants' clothes and supply food, and if this keeps up much longer I cannot see how they can avoid paying house rent, supplying coal and guaranteeing all of working age in the family steady employment. Like our numerous free clinics, little or no distinction is made as to what constitutes the needy poor. In the endeavor to announce

at the annual meeting an increase of maternity cases over that of the previous year, the above inducements are held out; in fact, it seems anything goes, if they can inveigle these women into their clutches, so as to increase the list year by year.

OBSTETRICAL TEACHING.

Rapid strides have been made in teaching obstetrics in our medical schools during the last ten years, but still it is far from what it ought to be. The manikin, as of old, is indispensable, and the illustrations of the various positions are still used, but now we have the out-door clinic, and that is a most important adjunct. This out-door clinic, hard to build up, requires careful attention or our maternity societies will snatch it away from us with their many inducements. Clinical material would be abundant if the physicians who have practiced medicine five years would refuse to take charge of a case for any society, unless proper compensation was made.

It does not seem right that our colleges at the present day should have to send out men and women well equipped in all departments of medicine, except practical obstetrics. Our teachers in our three regular schools are men of far more than ordinary ability, with a standing second to none, but it is the same story with all, cases hard to get, hard to hold, and this condition ought not to exist in a city with a radius of ten miles, containing half a million people.

SPECIALTY.

The limiting of our clientèle to one branch is the ideal method of practicing medicine. The physician who can devote his or her time to one branch of the healing art is to be congratulated, for they are better equipped with instruments and appliances, their results must necessarily be better, and their practice more exact than that of the general practitioner. Unfortunately, we have very few in our city who limit their practice to any given branch of medicine, and no doubt all have good reasons why they do not do so. I think I am perfectly safe in stating that no physician in our city has ever been able to limit his or her practice to that of obstetrics, as the compensation received would not be adequate for the absolute necessi-

ties of life, and what the future will bring forth I cannot say, but the time is not now propitious for the limiting of practice to that of midwifery. Difficult obstetrical operations, where two lives are at stake, are performed by the general practitioner, while many of these same physicians would shudder at the idea of making an ordinary surgical operation (as the amputation of a leg below the knee), and I can only explain this by the fear of the physician losing prestige with the family by not performing the obstetrical operation, while with the surgical case some one else can do the work and assume the responsibility. There are a few cases where time and circumstances demand that obstetrical operations be done by the one in attendance. People at large look upon an obstetrical as a very ordinary operation, one that any physician can perform, while that of an amputation is a grave and serious affair, but physicians know to the contrary. We who would like to limit our life work to that of obstetrics find little encouragement in doing so, and to gain a livelihood midwifery and surgery must be combined.

I have tried to jot down a few plain facts relating to the practice of obstetrics in our city, and as I have seen much of it, both in hospital, private and consultation practice, it is utterly foreign in me to place these few statements before you in a dogmatic manner, but only with the hope that in the discussion we may come to some conclusion for the betterment of this most important branch of our profession, which at the present time is in somewhat of a deplorable condition. I draw the following conclusion:

1. Educated midwives are not an absolute necessity, but, on the contrary, are a detriment to good obstetrics, not only from a scientific, but from a financial standpoint.

2. A well-governed maternity hospital cannot exist in Cincinnati from the income of patients that apply for admission.

3. Obstetrical fees are far too small for the services rendered.

4. Obstetrical teaching can never be properly carried on unless we can have abundant clinical material at our disposal.

5. That no physician in our city can limit his or her practice to that of obstetrics and be a financial success.

A CASE OF CONGENITAL TYPHOID.*

BY MARK A. BROWN, M.D.,

CINCINNATI,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS AT
THE CINCINNATI COLLEGE OF MEDICINE
AND SURGERY.

The mother of the child first came under observation November 23, 1899. She gave her age as nineteen. She was well developed and nourished. Principal complaints were fever and headache. As near as she could remember her present illness began on November 14, with headache, pains in various parts of the body, loss of appetite and general weakness. Previous to her illness she had nursed her sister, who had passed through a six weeks' course of typhoid. She had menstruated last on April 8, 1899. Examination of heart and lungs negative; abdomen revealed a pregnancy at about the seventh month, and the spleen was enlarged to percussion. Examination of urine entirely negative (diazo reaction not made). Temperature 103.2° , pulse 92, respiration 20. Widal reaction obtained in twenty minutes. On the next day she was delivered of a small female child. Her average temperature on that date was 103° . November 27, Widal reaction in ten minutes. December 1, Widal reaction in ten minutes. On December 8 convalescence seemed to be established, but Widal reaction was found to be complete when slide was placed under the microscope. Temperature now began to ascend, and on December 25 there was a note that she had passed through a typical relapse of typhoid, with spots and enlarged spleen. She was discharged on January 25, well.

Infant.—Temperature 101° when born, and rose steadily until reaching above 103° , remaining in that neighborhood about two weeks, then falling gradually to the normal in the same step-ladder manner that is so frequently seen in the adult. Two days after the normal temperature had been reached the child, who had been getting weaker and weaker with each succeeding day, died, apparently, of inanition. On December 2, the ninth day of its birth, Widal reaction was made on the infant's blood, and a note was made of partial reaction in thirty minutes, complete in forty-five minutes. The serum reaction was

* Presented to the Academy of Medicine of Cincinnati, April 1, 1901.

made every two or three days on the baby's blood, and always with a positive result, in almost every case well under the time limit. The note on December 9 states that "Widal made on blood obtained from the child gave clumping and agglutination in ten minutes." The child did not seem to be especially discommoded by its illness, taking nourishment (not the breast, no attempt, of course, being made at that) very willingly. No spots developed; the spleen was palpable; stools slightly yellowish and loose. There was no tympanites, nor did the child appear to be in any particular pain at any time.

Autopsy.—Heart and lungs normal. Abdomen showed spleen to be considerably enlarged and very soft. Enlarged mesenteric glands were also found. Involving a large part of the ileum, particularly at the lower part, were found healed ulcers, presenting the *shaven-beard* appearance so common in adults who have just passed through an attack of this disease. Indeed, the whole condition differed in no way from a typhoid of an adult in a similar stage of the disease, while the course of the disease seemed to bear out the statement that typhoid in the young runs a very mild course. I believe that if this had been a full-time child it would have survived; for a time it looked as if it were going to live in spite of the obstacles that were thrown in its way. This case is of interest for the following reasons: The rarity of congenital typhoid; the fact that a miscarriage was produced by the disease in the mother; the fact that the child should have lived until almost full term, in spite of essentially improper nourishment, bears out the statement of writers as to the comparative mildness of the affection in the young. The diagnosis was unmistakable.

In looking over the literature of congenital typhoid the writer has been able to find but a few cases, and those of doubted authenticity. Manzinin has recorded a case in which lesions of Peyer's patches similar to those of typhoid fever were found in a seventh-month fetus which died within an hour after its birth. Osler mentions a case—not observed by himself, however—in which a child died of perforation on the fifth day after birth.

Even before the second year typhoid must be regarded as rare. Emmett Holt, whose experience has been exceptional,

states: "I have never seen typhoid in a child under two years, and I believe it to be very rare, although undoubted cases have been reported even during the first year. Murchison reports one, only six months old. Ogle another, four and a half months old, the diagnosis in both cases being confirmed by autopsies. No case of typhoid fever was seen in the New York Infant Asylum during my eight years' service there, about ten thousand cases of illness having been treated during the period, and over seven hundred autopsies made." In the New York Foundling Hospital not one case was seen in twenty years, and over two thousand autopsies were made on very young children during that time.

NOTE.—In the *Journal of the American Medical Association*, April 20, 1901, Dr. Frank W. Lynch has reported two additional cases of undoubted placental transmission. In one the woman aborted in the fourth month of pregnancy, second week of her disease, and the typhoid bacillus was cultivated from the fetal organs. In the second case (greatly resembling the one reported above) the child was born but slightly premature, on the fortieth day of mother's illness, and lived seventy days; the data in this case are not conclusive, as the Widal reaction was never obtained and cultures gave the colon bacillus.

Bacteriological Examination of the Blood in Pneumonia.

Prochaska (*Centralbl. f. in. Med.*, 1900, No. 46) reports the result of a series of studies of this character, undertaken to attempt to settle the question whether or not the pneumococcus occurs in the blood in pneumonia. There has been considerable conflicting testimony in regard to the matter. His technique was to draw the blood from a brachial vein and to mix it with bouillon. The results were positive only when large amounts of blood were used. Ten cases were taken at random, and all showed the presence of the pneumococcus in the blood. In four cases there were complications, empyema and gangrene of the lung once each, and acute nephritis twice. In the other six cases the disease was uncomplicated and not very severe. Four cases died.—*International Med. Magazine.*

The Cincinnati Lancet-Clinic

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SATURDAY, APRIL 27, 1901.

ADVANCES IN MEDICAL EDUCATION THROUGH LEGAL REQUIREMENT.

What are the real advances in medical education which have been made in the last twenty five years?

The most important and conspicuous is the founding of the Johns Hopkins Medical School and Hospital, and the development of a group of endowed and well-equipped schools, such as Columbia, the University of Pennsylvania, and Harvard. These schools have now made it possible for a thorough medical education to be acquired in this country—something that was formerly impossible.

The second important advance has been the lengthening and elaboration of the course of instruction in the majority of the medical schools throughout this country. This advance has been in the direction of laboratory work and true clinical instruction rather than in the development of the eloquent didactic teacher, a figure so well remembered and dear to the older class of medical men.

The first class of schools now provide in a satisfactory way for the training of the highest grade of medical men, teachers, practitioners and investigators. The second class of schools has advanced the average standard of the medical practitioners throughout the United States, and

so conferred an inestimable boon on the whole country.

To elevate the average grade is as important an advance as to furnish the means of the very highest education. In this same field we would put a high estimate upon the valuable services rendered by the post-graduate and polyclinic schools, which have played an important rôle in post-graduate instruction.

A further and most important advance has been in the direction of the volume and character of the literary production of medical writers. The time was—and not so long ago—when the question was asked, "Who reads an American book?" Now no one can dispense with the study of American professional and scientific books if he would keep himself informed of the best and most advanced thought of the times. The majority of the medical writers are teachers in our schools.

If we attempt to analyze the forces which have brought about these satisfactory changes we will find them very varied. The most essential was undoubtedly the widespread conviction among those engaged in teaching that the methods of education in vogue in this country were most sadly deficient. The vast number of students who went to Europe during the third quarter of the century in order to complete their medical studies, and who thus had the opportunity of working in the well-equipped universities of the Old World, returned to bring with them a full conviction of our own shortcomings, and the knowledge and training necessary to correct them. These men naturally found themselves very soon in positions in the medical schools. The general feeling of unrest and dissatisfaction with the existing order of things found its expression in the College Association—an organization which, in spite of its shortcomings, has done an immense amount of good by giving an opportunity of studying the

real problem involved in the question of a higher grade of medical education. The College Association has done a good work in training the very men who have taken a leading part in the medical legislation now so widespread in this country. It is the College Association that first insisted upon the lengthening of the course to three and then to four years, and required certain advantages in laboratory and clinical facilities.

The advance in medical education has not been produced by laws and medical boards. On the contrary, the medical laws and boards have been the natural result of the forces and movements which have brought about the changes we have seen. The real spirit of progress has emanated from below and within, and has not been called from above and without. Indeed, it remains to be seen how far the boards which have been created will foster or impede further progress.

The earlier efforts at medical legislation were at times defeated or delayed by the medical schools. This was notably the case in New York, where this opposition retarded the enactment of a law for several years. The movement in Ohio came so late that there was ample opportunity to study the effect of legislation in other States. The medical schools of Ohio not only united, but led in this movement; indeed, had any single school arrayed itself in opposition to the original law or its subsequent amendment it would have been impossible to secure the desired legislation. To those who look at all beneath the surface it is very apparent that we are still in a transition state, and that neither the schools nor the medical boards have adjusted themselves to their new conditions and work. That there is danger of immature and illy-considered action is only too apparent. Thus one State board hastily formulates at a single meeting an elaborate set of rules for the colleges to follow, only to find the serious

inconsistencies they contain when too late for correction.

The State board of Michigan has arbitrarily selected two colleges in Ohio whose diplomas will be recognized, and then demands that the others pay the cost of the investigation of their own standing. The State board of Pennsylvania, in the face of the opposition and protest of medical societies and teachers, passed a law which is likely to retard rather than advance the cause of higher education.

There now exist three distinct, well-organized bodies in the medical profession—the medical societies, the medical schools and the medical boards—and these bodies determine at present the lines of cleavage. There is plenty of opportunity for divergence of view, for differences of opinion, and for free and perhaps hostile discussion. The medical boards have been created by the spirit of progress that has animated the profession and the schools, and it now remains to see how far they will continue to foster the same spirit of progress by the wise and judicious exercise of the great power which has been entrusted to them.

N. P. D.

CONTINUED SPREAD OF THE PLAGUE IN SAN FRANCISCO.

Several months since, in an editorial in the *LANCET-CLINIC*, we gave a plain statement of facts regarding the plague situation in San Francisco, and suggested that the United States Government be placed in full charge of the sanitary management of that pest-infested city. Subsequent developments have only verified the propositions made at that time in the columns of this journal. At the period the editorial was written Texas was enforcing strict quarantine measures against the infection of that State by something far worse than yellow fever. As bearing on the present outlook, we extract the following from a well-known and reliable New York journal:

WASHINGTON, April 15.—The continued existence of the bubonic plague in San Francisco is admitted by the authorities here. Inquiry here brings out the assurance that every effort is being made by the Government and State authorities to eradicate the disease and prevent its spread,

The latest reports to the Marine Hospital Service show that in San Francisco two deaths occurred between March 8 and April 4. There have been twelve cases since January 6, all of them proving fatal. This makes a total of thirty-six deaths in San Francisco from the plague.

The report of the commission was filed at the Treasury Department on March 1 of this year. Tremendous influence was brought to bear to prevent the report being made public.

A committee of prominent California business men and editors came here. They had a conference with Secretary Gage. Assistant Secretary Spaulding and Surgeon General Wyman, of the Marine Hospital Service. It was represented that the presentation of the report would be prejudicial to the interests of California and San Francisco.

The State and city officials joined in this protest against publicity, also several high officials of the transcontinental railroad lines were especially urgent that it be suppressed. In consequence of these pleadings, the report was for a time withheld, and the number of deaths was not given in the weekly publication of the Government showing mortuary statistics from all sections of the United States.

Secretary Gage did not favor the policy of suppression, and recently gave orders that the list of deaths from bubonic plague in San Francisco should be printed just the same as other matters of interest affecting the public health.

The following additional dispatch has been noted in the same journal quoted above :

SAN FRANCISCO, April 15.—The bubonic plague is in San Francisco and has been spreading among the Chinese for months.

Every effort has been made by the State authorities, the officers of the municipal government and the commercial interests of the city to prevent the publication of the facts in regard to the pestilence.

A correspondent of the *World* has seen a copy of the report of the Federal Commission appointed to investigate the matter, which was suppressed in Washington at the instance of Gov. Gage, the various associations of business men in San Francisco and the politicians interested in the great trans-continental railway lines.

This report, signed by Simon Flexner, F. G. Novy and Lewellyn F. Barker, and dated February 6-10, sets forth that the commission's personal investigations prove conclusively that six deaths in Chinatown between February 5 and 12 were caused by bubonic plague.

The report further gives a list of thirty-one verified cases of plague that have appeared in San Francisco since March, 1900. Experts further conclude that beyond all doubt cases of the plague are constantly recurring.

The commission declares that unless a bacteriological examination is made in the case of every Asiatic found suffering with fever cases of the plague are likely to be missed, and that the contamination is likely to spread unless sanitary rules and regulations are enforced.

Some work in this line is now going on under the direction of Surgeon J. H. White, of the Marine Hospital Service. Dr. J. J. Kinyoun, of the same service, was ordered to Detroit last Friday, but the suppressed report is a complete vindication of his first report, declaring that the plague had secured a foothold in the Chinese quarter. It is said here that all the political and commercial interests of the State have been demanding Dr. Kinyoun's removal since he declared that the plague has secured a foothold in San Francisco.

The commission's report contains 8,000 words, one-half being devoted to the laboratory work on cases examined. After a preliminary explanation of the methods of the commission the report refers to the co-operation of the Chinese authorities in securing opportunities to examine the sick and to inspect the Chinese quarters. The report then says :

"The dwellings of the poorer classes of Chinese were found to be here as they seem to be everywhere, shockingly unsanitary. In places there is marked over-crowding. The rooms are small and they are often devoid of light or means of ventilation, many of them are filthy; some of

them, especially those situated in basements, are damp, and emit a stench.

"These faults in sanitation are not confined to the tenement houses of the Chinese. On the contrary, in the rear or over or under some of the more pretentious business buildings are to be found sleeping and living apartments which are most objectionable from a sanitary point of view.

"A study of cases made during life, and an inspection of bodies after deaths, proves that it is often difficult and, under certain circumstances, impossible, to make a diagnosis of plague, even post-mortem, without bacteriological examination. In outspoken bubonic cases, there will be little, if any, difficulty in diagnosis, either *intra vitam* or post-mortem, provided observer has had sufficient experience with disease, but in the absence of superficial symptoms, the unskilled observer will miss practically every case, and even practitioners who have had much experience with plague may be deceived."

In the American worship of the God of Mammon and the dithyrambic incense burnt constantly on the altar of national commercial greed, society will sooner or later be sadly punished for the non-enforcement of the wisest and surest sanitary measures. The health of the whole country is to be jeopardized for the selfish business interests of a Pacific port of entry, owing to the opposition of the State authorities to the rigorous enforcement of National measures. The more one contemplates the present organization of our government the more we become imbued with the belief that all the little petty provinces, now dignified as States of the Union, should be united in one grand Republic, with a complete abrogation of all State lines, the abolishment of all the useless political State governments and the thousand and one political legislative harpies that live on the annual tribute of blackmail wrung from the masses of tax-payers, for public robbery and jobbery is the Manitou of the average American member of the legislature, not to mention the infinite number of city councils and

alleged boards of education, the latter usually composed, in the majority of cases, of saloon-keepers of foreign extraction. Small provinces, not having the population of even first-class American cities, now control the votes of two U. S. Senators each, as against the empire States of New York, Pennsylvania, Georgia, Texas, Ohio and Illinois.

The United States might well model after France and have the country divided, according to population, into Senatorial and Congressional districts. This would be a political unification on a gigantic scale, but one well worth the consideration of all Americans. A United States Senator would no longer be elected by the corruption funds of corporations, and his tenure of office would depend on the good-will of the peoples of his Senatorial district. The expensive machinery of State government, with its hosts of political retainers, would be swept away. Rotten State legislatures and tinsel-decked governors of petty provinces would be a thing of the past. A National board of health, with unlimited powers and a National treasury behind it, could look out faithfully for the sanitation of the peoples, without regard for State rights, that seem to be considered by some more sacred now than ever before. The wisdom of the entire American peoples must, sooner or later, accomplish this radical change, that may not occur before the twenty-first century, but will surely come when popular education dispels the modern sentimentalism that holds for the sacredness of provincial lines. A codification of all laws, so that the same enactment applies to Maine, California, Louisiana and Minnesota; the same code of laws for the government of all the peoples be made part of the only great Republic on the American continent. The twenty-first century will see the present Republic extended from the Arctic Ocean on the north to Terra del Fuego on the south,

from the Atlantic coast to the Pacific, for these northern and southern continents will eventually be but one Republic. In union there is strength, and the wave of popular sentiment will in time insure the achievement of what now, to many, may seem too Utopian for realization, but time works wonders. When such a Union is perfected epidemic outbreaks will be limited, and plagues that have heretofore devastated humanity will be things of the forgotten days. Meantime, we still have plague, yellow fever, cholera and small-pox with us. The sooner the General Government takes the National management of sanitary affairs in its own hands, despite State laws, the better for the whole country at large. The plague is slowly spreading over all the world, and our boasted civilization is to be honestly questioned. This is political heterodoxy, but there is nothing very orthodox about plague outbreaks when they have to be handled without gloves. Meantime, the Haffkine and Yersin serums have been proven to not cure the disease; friends claim they are prophylactics, however. Perhaps, after all, the spread of plague in San Francisco has been due to their use. Who knows?

T. C. M.

THE DEATH-RATE AMONG THE CHILDREN OF THE RICH GREATER THAN THAT AMONG THE CHILDREN OF THE POOR.

That poverty has its advantages there can be no doubt; especially is this true where an element of contentment leavens the lump of the masses, an element that is often sadly missing in the homes of the very rich. Wealth does not bring happiness to humanity; it is all too often a burden. Poverty, too, implies most often virtue, frugality and temperance. The child of the tenement, as a rule, retires early, for fathers and mothers, weary of the physical toils of long hours of labor,

secure the balm of sweet, restful repose. The food of such peoples, too, is plain, and yet, in the United States, cheap and nutritious. The child of wealthy parents is all too often confided to the care of a governess or maid, and in cases of sickness is all too often deprived of the personal care of a true mother. Among what is known as our plutocratic class, the progeny entirely fails in that maternal watchfulness that should supervise the regulation of the infantile diet, or in cases of extreme infancy furnish the natural maternal lacteal supply, yet holds to artificial infant foods in preference to what a kindly nature usually furnishes, leaving the details of child raising to ofttimes ignorant menials, content to undergo occasional maternity not for the love of children, but to merely perpetuate a name. No wonder, then, that the child of the masses is sturdier and better fitted to sustain the shocks incidental to infantile life than is the pampered darling, the hoped-for heir to future millions and an unhappy butterfly existence. We clip the following from a widely-read New York paper:

Have the children of the poor of this city a better chance for life than the offspring of the rich?

Lately the *National Provisioner* published some "strange health statistics" of New York City, prefacing them with this observation:

"It is generally asserted that overcrowded districts are, necessarily, the most unhealthy. It is also believed that the poorer quarters are further decimated by the scarceness and poverty of the diet eaten by the dwellers there."

In its last number the *New York Medical Record* commented on the statistics, quoting the most striking figures, thus:

"Young children—that is, those under five years of age—are first taken as a basis of comment. The figures given below are those cited for the second quarter of 1900.

"The Twelfth Ward uptown, where a fair sprinkling of the very rich of this city have made their *pied à terre*, and where their prosperous brethren have their more abiding homes, affords the following sta-

tistics with regard to the death-rate of young children: This ward has a population of 364,412; has only 61.6 people to the acre, but its death-rate for children under five years of age was 769, while the plebeian Thirteenth Ward downtown, in the vicinity of Grand, Division and Rivington Streets and the East River, with a population of 56,802 people and 539.9 to the acre, had a death-rate of 106 children under five years of age. The relative percentages are in favor of the slums.

"Other comparisons drawn between districts in which plutocrats live, and those inhabited by the so-called lower classes bring to light a similar state of affairs. The total deaths of those of all ages in proportion to population is then dealt with, and reveals truths equally as suggestive. The Twelfth Ward in Harlem shows a total death-rate of 2,287 for its 364,412 people, living 61.6 to the acre, while the Thirteenth downtown, with 56,802 people, living 539.5 to the acre, had a death roll of only 196."

"The above figures give rise to thought. It is probable, too, that statistics taken in a like manner the civilized world over would yield somewhat corresponding results. No one, of course, would even attempt to argue from such records, that it is more healthy to live in a tenement house swarming with human beings like bees in a hive, than in an airy, well-ventilated, commodious marble or brownstone structure. The writer in the *National Provisioner* does not argue thus; indeed, he draws but few deductions. Nevertheless, he places his finger upon one important point when he says:

"The poorer classes, eating plainer and more nutritious foods, seem to prosper constitutionally better than the eater of rich foods, who expects to digest his dinner by sucking in fresh air in a ride through the parts."

"Moderation in eating and drinking, with plenty of fresh air and exercise, will go far toward rendering a person hardy and well able to withstand the attacks of disease. The contention would never be advanced by a sane individual that poverty and insanitary surroundings can have any but an injurious effect upon the human animal. On the contrary, the aim of the wisest sanitarians is to make it possible for every one to live amid healthful surroundings.

"Notwithstanding the obvious force of this statement the assertion may be made that, given a community of working people who are able to procure a sufficiency of wholesome food and who must performe spend a large portion of their time exercising in the open air, and a community of rich people who are not compelled to lead such a life and who often do not do so, there can be no doubt as to which of these two classes will enjoy the longer life.

"Many other causes enter into the question of the comparative healthfulness of the rich and the poorer classes. The fringe of the subject has only been touched in the foregoing remarks. To treat it fully from every standpoint would take reams of paper and much ink. It may be said that the rich can take lessons with advantage to themselves from their poorer neighbors so far as rules of health are concerned."

The newspaper quoted might also have well taken into consideration the fact that modern architecture and the introduction of a hundred and one luxurious devices, thought to add to the comforts of life, has had, on the contrary, the effect of shortening longevity among the wealthy class. The introduction of the water-closet system, the convenient bath-room and fine stationary washstand are so many modern methods for destroying humanity. English statistics, supposed to be in a measure reliable, show that the increase of so-called filth diseases has been enormous since the introduction of the water-closet system of house drainage. The most luxurious homes, the palaces of the rich, heated with steam or furnace heat, offer a hot, rarified atmosphere, that always draws in the gases from any convenient sewer connection. It may be safely asserted that no sewer trap ever yet invented will keep out the gases from a furnace-heated house. As a proof of this go into the best constructed modern mansion and place on the underside of a water-closet lid a piece of bibulous paper supersaturated with a solution of sugar of lead. In a few hours the paper will be turned dark, showing the

escape of sewer gas through the water-trap, as nothing is more permeable for gases than the modern germ-proof (patented by alleged sanitary plumbers) water-traps. The only way to properly ventilate a modern mansion is to have open fire places and a window drawn down an inch or two, even on the coldest nights. The child of luxurious flats is a constant sufferer from coryza, catarrh and sore throats from sewer poisoning. The child of the tenement, even when in an overcrowded room, has the advantage of ventilation drawn from large cracks under doors and window sills and a grated stove.

We know these views will not meet the approbation of those who consider every-modern device as an advance in sanitation, but personal observation and a long connection with public sanitary affairs has convinced us that the deadliest poison for the wealthy class is the modern so-called sanitary plumbing, that is as expensive as it is ridiculous and dangerous. The startling figures given by the New York paper as to the death-rate between real tenements of the poor and the quarters of the very wealthy is not so startling when it comes to be carefully considered.

As said before, the natural maternal milk supply of the tenements also increases the chances of the child of the poor over the child of the rich. All the artificial foods made never take the place of a child's natural lacteal supply. The maternal instinct is often much more strongly evidenced in the homes of the middle class and poor of the city than in the palaces of the wealthy. The poor child has the personal supervision of a sensible mother in the majority of instances, while the wealthy mother, all too often, neglects her children for social functions, leaving their entire charge to servants; frequently members of humane societies, they prefer animals, such as cats and dogs to the care of their own progeny. They therefore often become the real cause of the large

mortality among the children of the class to which they belong. A society of tenement-house mothers, to prevent cruelty to the children of the wealthy, might be in order, but, unfortunately, the tenement-house mother has her hands—and arms, too—full of her own affairs.

The children of the rich, covered over with warm robes and furs in Winter when out of doors, then attired in gauze and laces indoors, are peculiarly the victims of sudden changes of temperature. They die by the score from pneumonia and bronchitis, not to speak of the various low forms of filth disease, certainly dependent to a large extent on sewer poisoned bed-rooms with bath and water-closet attachments.

So we have the happy rich poor child of the tenements and the unhappy poor rich child of the city mansion and palatial flats. The type of child envied of all, however, is the country-bred child, born and raised where it can see the sun, moon and stars and feast its eyes on the beauties of the landscape, hearing the musical song of the birds, inhaling the fragrance of the flowers and the breath of life from the surrounding oceans of pure air. But alas! all children cannot be born in the country. The child of the city is not the child of nature.

T. C. M.

THE OHIO STATE MEDICAL SOCIETY.

The convening of this organization in Cincinnati on the 8th, 9th and 10th of May, will be a notable event in the annals of Ohio medicine, and is to be made a jubilee occasion. Once upon a time in the world's history it was said that all roads led to Rome. For the ensuing month all roads will lead to Cincinnati, and the city will become a veritable Mecca for medical men. Weary and worn physicians of all degrees in medicine will wend their way to the Queen City for a prospective period of rest and recreation.

The season now past has been one of

prolific business for physicians, and the balmy month of May will see many of the ills to which flesh is heir take their departure, thereby giving the doctor a longed-for opportunity to visit the State Society meeting.

The local profession has taken steps to greet their confrères from all over the State and adjoining States in a way that will warm the very cockles of their hearts.

As stated, the occasion will partake of the jubilee order; joy and rejoicing are to be revelled in as only good medical men know how to do the legitimate real act.

The great usefulness to the medical profession of the State Society has been ably demonstrated in a series of articles recently published in this journal. In this demonstration there was no drawing of the long bow or attempt at exaggeration from any standpoint from which the writers viewed the organization. They are leading men in our craft, and appreciate the work that has been done in the past, and have a premonition of the essential work that is to be wrought out of the future.

Every regular physician in the State of Ohio, and in like manner of all the States, is vitally interested in the activities of the State Society, and because of this interest there will be such a gathering of the clans as never before assembled on a similar occasion. How many are likely to attend the meeting is a question frequently asked. The number is not definitely known, but reliable correspondence in several hands leads to a reasonable prediction that there will be such an outpouring in the way of numbers as to justify the most florid predictions of those who are optimistic and enthusiastically inclined. That the number will reach more than ever before in the largest attendance at such a meeting may be said to go without saying. No matter how large the attendance—and the larger the better—the local reception committee will be equal to the occasion. It is no special secret that exceedingly elaborate

preparations have been made, and the latch-string hangs low on the outside of all hospitable doors, and they are many. If as many as two or more thousand physicians with credentials as delegates or members put in an appearance on the morning of the 8th of May, every one of them will be so well cared for that he will not think of going home until the evening of the 10th.

It is exceedingly desirable that physicians should come attended by their wives and daughters. A ladies' reception committee will take care of all who come, and will be dreadfully disappointed if an opportunity is not given them to carry out the schemes of merry-making that they have in contemplation. Railway rates are placed at the lowest limit, and the doctor who is unwilling to give himself, wife and daughter a little bit of an outing at this time of the year needs to be labored with, and if found guilty subjected to discipline. The doctor's wife has just as good a right to an enjoyment of these meetings as the man himself, and it is a real pleasure to observe the custom becoming more and more general every year. It is right to give such a recognition as this at every plausible opportunity. Cincinnati merchants are right up to date in their display of goods of newest and latest styles, which may be relied on as all wool and a yard wide. This is an opportunity afforded to do a little shopping and should be embraced.

An attractive feature of the State Society meeting will be the exhibit hall, on same floor and in rooms in the rear of the main auditorium of the Masonic Cathedral, where the meetings will be held. These exhibits are a valuable educational feature which every one should see. In no other way is the advance in pharmacy so well demonstrated as by these exhibits. Every new surgical appliance will be shown and its uses. The exhibit hall will have representatives of many of the best American

manufacturers. It is understood that only that which is newest in the way of physicians' supplies ever find their way into exhibit halls. A report from the New York Drug Trade Club just received reminds the writer of the fact that the members of this one organization are believed to have invested in their business not far from two hundred millions of dollars. It is difficult to comprehend how so much money is invested in a providing for the necessities and conveniences of a body of physicians, when it is also considered and known as to the almost fabulous amount of capital required to furnish the literature that is in constant demand by these same men. A crevice is started and peep-hole made whereby it may be faintly understood how the physician, although neither a merchant nor manufacturer, becomes in his calling an exceedingly important factor in the world of commerce. The men in charge of the exhibits at medical meetings represent many millions of dollars of invested capital, and in many instances the proprietors of these great houses are to be found the most attentive of listeners to the expressed thoughts of members of the association, in order that they may be able to pick up and catch on to something that will be of service to the doctor, and the men in personal charge of the exhibits are among the brightest and smartest in their guild, not a small per cent. of whom are cultured physicians, who have some taste for commercial life.

But the meeting of the Ohio State Medical Society, all in all, is to be a real genuine jubilee meeting of the first grade and in the first class. The local profession is ready with glad hands to welcome all who come to the State Society meeting. You are wanted because it will do you good to be here and because every regular physician in the State ought, as a duty to himself and to his profession, to become actively identified with the State

Society, if he is not already recognized and known as one of the faithful and in the ranks.

The programme is made up and may be relied upon as all right. The signs are all propitious, and, as already indicated, all roads in the State of Ohio lead to Cincinnati, and don't forget to bring your wife and daughter with you.

NEWSPAPER ENTERPRISE.

In marked contrast to the despicable conduct of the San Francisco newspapers, mentioned in an editorial of last week, is the public spirit and enterprise shown by one of our own newspapers, the Cincinnati *Post*. A few months ago one of their representatives, by obtaining entrance as a patient to the "institute" of a divine healer, was able to expose this fraud in a ridiculous way that carried more weight than a column of abuse. Later came the exposé of a number of fortune-telling freaks.

During the last few days we have the announcement that a sanitary and hygienic investigation of all the public schools of the city will be made by Dr. S. P. Kramer. We wish to congratulate the *Post* on their choice of a man who is not only eminently qualified to do the work mapped out, but one whose report can be absolutely relied upon; a man who will not be deterred one iota from the stand he elects to take by any political "pull" or vituperation. The *Post* has stated that he has the sanction of the President of the Academy of Medicine. He has more: every physician and every citizen who has endured the miseries of the buildings, and particularly the out-buildings, of our public schools—and they have not been changed for lo! these many years—wishes mightier power to his pen. The investigation will include not alone sewerage and ventilation, but lighting, seat construction, the possible or probable effect on the spine of poorly

adapted seats, the water supply, the method of collecting and disposing of dust, and any other subject that might directly or indirectly injure the health of the pupils.

Another great concession for which the *Post* has not received sufficient praise from the medical profession is the almost complete obliteration of offensive medical advertisements from their columns. The sure cures for venereal diseases, brazen advertisements for abortifacients, and the other of the horrible nostrums, are nothing less than insults to a respectable reading public. Here's hoping the *Post* will always have the courage to keep its columns clean.

M. A. B.

Catarrhs.

As a general remedy in the treatment of all kinds of irritated mucous membranes, nothing gives me more satisfaction than hydrastis. As a local treatment in most cases of catarrh, I want nothing better than equal parts of non-alcoholic fluid hydrastis, glycerine and listerine, accompanied by such general treatment as may be indicated.—*Med. Standard.*

JOSEPH FIKE, M.D., Lost Springs, Kan., writes: Previous to the receipt of Glyco Thymoline (Kress) I had been in a sad condition for six weeks, could not talk above a whisper, the vocal cords inflamed and enlarged badly, in addition was suffering from a naso-pharyngeal catarrh. I began using the solution one part to three parts warm water, for the catarrhal condition by means of the K. & O. Birmingham Nasal Douche, frequently gargling my throat with the same solution. I can now speak as well as ever and my catarrh is rapidly improving. This experience gave me confidence, and have prescribed Glyco-Thymoline (Kress) for a number of my patients suffering from catarrh of nose and throat with most satisfactory results in every case.

PTOMAINES.—One of the leading specialists of the South, Dr. W. L. Bullard, of Columbus, Ga., concludes a highly interesting and instructive article on ptomaines in the following manner: "In all my twenty years' experience at special work, where the quick and safe relief of pain is the object of treatment, I have found nothing to equal five-grain antikamnia tablets. This remedy is not only a foe to ptomaines and their absorption, but is also a corrective in cases of poisoning by food decomposition.

Correspondence.

A PRIVILEGED COMMUNICATION WHICH WAS NOT PRIVILEGED.

CINCINNATI. April 14, 1901.

Editor LANCET-CLINIC:

In September, 1898, a man came into my office and asked me to go to see his wife. He stated that she had been under the care of several medical men, none of whom had afforded her relief. He then made a statement to me concerning her illness which was a model of frankness and comprehensiveness. I went, treated his wife, she recovered, and he paid me the bill. There is now in course of progress a suit in which the wife sues for divorce, the statement made by the husband to me when he called me being the key to the whole situation. The parties being resident in St. Louis, I was summoned before a notary to give my deposition. I declined to state what was the matter with the wife and what was the nature of the husband's statement to me. I was allowed to go until they could hear from St. Louis. I was called again and again declined. I was instructed to call my attorney, which I declined to do, regarding it as a needless expense. I was then allowed a few days' respite and called again. Again I declined and was threatened with jail, which they said would be an actual commitment. Preparations were in actual progress to send me to jail, when I consented to give them a bit of legal advice unasked, viz., that they had better get the lady's permission for me to tell what was the matter with her before they sent me to jail. This seemed to them to be good advice, though they haven't paid me for it as yet, and I was allowed to go until the permission was received. This came in a few days and I was again called. She was willing and anxious to have me tell what was the matter with her, and especially to have me tell what her husband had told me. I stated the condition I found her in, in general terms, which did not convey much positive information. I refused to tell what the husband had told me. It was jail now in earnest, and again I was told to get my attorney. I declined until I was in jail, assuring them that I

considered their actions a means of intimidation. The commitment was made out and I was placed in the hands of the constable, after which I was told that I might go if I would appear with my attorney in court the next morning at 10 o'clock. My attorney and myself appeared, but the notary public did not. It was continued by Judge Hollister till the following Friday, when both sides appeared. My testimony was taken and the case was argued. The judge seemed inclined to decide against me on the ground that the statement was made by the husband, who was not the patient, and because I could not testify to the fact that the wife had joined with her husband in sending for me. However, he said he was not in position to render an intelligent decision until he had a copy of the petition for divorce from St. Louis and could learn what was charged, which was not known exactly by either the attorneys or myself. It was therefore continued to the following Friday. The papers were not forthcoming and it was continued till Thursday. The papers are still not here, and it appears that there is trouble on the other side. The lady is disgusted with her lawyers, says she did not employ them, has discharged them, and gone to bed, covered her head with the covers and will see no one. There it stands and appears to be a veritable Jarndice vs. Jarndice.

Privileged communications are those made by the patient to his physician, the client to his attorney, the parishioner to his priest. The recipients of these confidences can be made to tell them with the permission of the person who made the confidence. The peculiar point about this case is that the communication was made by the husband, not the patient. The patient is willing for me to tell what was the matter with her and what the husband said to me, while he is not. The attorneys say it is unique; no such case has been decided, and the judge seems to be a little at a loss what to do, though I think him desirous of doing the right thing. I took the precaution to write the husband that it was not proper for me to tell what he stated to me without his permission. He replied instructing me not to tell it at all. Remembering the case of Dr. Playfair, of London, in which he was fined \$60,000 for telling his wife what he found in the womb of her sister-in-law, I felt a little

backward, though not on account of the \$60 000.

P. S.—Judge Hollister, after having the matter before him for three weeks, decided against me, ordering me to testify on the ground that the person making the communication was not the patient and not therefore privileged.

Very respectfully,

E. S. MCKEE, M.D.

OBITUARY.

VAN WERT, O., April 22, 1901.

Editor LANCET-CLINIC:

To-morrow Lima will bury her oldest physician, Dr. Wm. H. Harper. I have intimately known Dr. Harper professionally and socially during the last forty-eight years. Professionally he was a gentleman in every respect.

My first consultation visit in Lima was held with him forty-six years ago. His cordial, courteous conduct on that occasion and on subsequent similar occasions commanded the deepest esteem and won the enduring friendship of all with whom he came in contact.

His ability as a physician and surgeon was far above the average. For twenty-five years his presence at the North-Western Ohio Medical Association and the Pennsylvania Railroad Surgeons' meetings was an inspiration to all the membership. He was ever ready to discuss medical questions, ethical or otherwise, in an instructive and pleasant way. He was wedded to his profession, and practiced until physical disability called a halt.

Lima has lost a noble citizen, a first-class physician, and above all a life-long Christian gentleman.

JOHN K. WOODS, M.D.

"RUDOLF VIRCHOW FUND."

To the American Medical Profession:

On October 13, 1901, Rudolf Virchow will be eighty years old. When he completed his seventieth year a fund was started in his honor to enable the great master to facilitate scientific research by establishing scholarships, and by encouraging special medical and biological studies. Contributions to that "Rudolf Virchow Fund" were furnished by those in all countries interested in progressive

medicine, as a homage to the man whose name is always certain to arouse admiration and enthusiasm.

In Berlin a large committee containing amongst others the names of A. Bastian, V. Coler, A. Eutenberg, B. Fraenkel, O. Israel, Fr. Koenig, C. Posner and W. Waldeyer, has been formed to call for contributions which are to be added to the original "Rudolf Virchow Fund," so as to increase its efficiency. The committee expresses the opinion that in no better way, and in none more agreeable to the great leader of modern medicine, can his eightieth birthday be celebrated, and ask for the sympathy and coöperation of all those engaged in the study and practice of scientific medicine all over the globe.

The undersigned have formed a sub-committee for the purpose of making the American profession acquainted with the intentions of the Berlin Committee, and urge their colleagues to participate in honoring the very man who has done more, these fifty years, than any other to make medicine a science, and international. Subscriptions should be sent to their secretary, who will receipt therefor.

CHARLES A. L. REED,
President of the American Medical Association.

HENRY P. BOWDITCH,
President of the Congress of American Physicians and Surgeons.

WILLIAM K. WELCH,
Johns Hopkins University.

ROBERT F. WEIR,
President New York Academy of Medicine.
A. JACOBI,
110 West Thirty-fourth Street, New York,
Secretary.

Starch Digestion in Infants.

It has long been the custom to say that no amylaceous substances should enter into a young infant's food, because it has from Nature at an early age no ferment capable of digesting starch. The saliva of a newly-born child—and it is wrong to say that there is no saliva at this age—will dextrinize starch, as any one who wishes may prove for himself.—A. JACOBI.

THE GRAND PRIZE FOR ARTIFICIAL LIMBS.—The medical profession should note the fact that the firm of A. A. Marks, 701 Broadway, New York, was awarded at the Paris Exposition the grand prize for the excellence of their artificial limbs.

Current Literature.

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Summary of Facts Relating to Anesthesia and Anesthetics.

The following excellent summary of the opinions of American and European authorities respecting the use and effects of chloroform and ether has been compiled by Dr. Ernest J. Mellish (*Medicine*, November and December, 1899) :

1. Chloroform almost invariably kills by its effects primarily upon the circulatory system, and ether by its effect primarily upon the respiratory system. There probably are exceptions to both these rules; consequently, hair-splitting discussions on this point are non-practical and useless.

2. In anemia of the medulla the patient should be placed in the head-down position.

In sudden paralytic dilatation of the right heart, as after several deep inhalations of chloroform, the heart should be rhythmically compressed by squeezing the chest; or the patient placed temporarily in the feet-down position to empty the heart, artificial respiration being constantly maintained.

3. Anesthetics act directly or indirectly upon all the tissues, interfering profoundly with metabolism; and they tend to produce degenerative changes in the tissues, especially of the vital organs. Of the anesthetics in general use, chloroform is probably most dangerous in this respect.

4. Deductions based upon laboratory experiments are apt to be deceptive, and should be accepted with the greatest caution as applicable to sick human beings, unless they agree with conclusions based upon clinical investigations.

5. As a rule, ether produces less circulatory depression than chloroform. It causes dilatation of arterioles and increased capillary circulation, thereby insuring a good blood supply to the circulatory and respiratory centres and to the heart muscle, consequently these systems are in less immediate danger than with chloroform.

6. Cocainizing the nasal mucous membrane to antidote certain bad effects of anesthetics is not commendable practice.

7. On account of the reduction of body heat by anesthetics, they should be administered in a warm room, and the patient should be protected from loss of heat as far as practicable by proper covering of the body, by application of artificial heat, and by protection from dampness of skin. An excessively high room temperature will do harm by adding heat depression to anesthetic and operation shock.

8. Ether, when properly administered, is no more liable to produce nephritis than is chloroform, perhaps not so much so. The changes produced in the kidneys by ether are as a rule temporary, while those caused by chloroform are apt to be more persistent.

9. Most of the pronouncedly dangerous effects of ether, and to a less extent of chloroform, upon the kidneys are due to poor preparation of the patient, faulty administration, bad after-treatment, or all of these combined.

10. Post-anesthetic nausea is best prevented by preparation and after-treatment which favor normal physiological tonus, with especial reference to the emunctories. Gastric lavage at the termination of anesthesia, followed by vinegar inhalation, will, in the great majority of cases, prevent serious disturbance from nausea.

11. The danger from hemorrhage is no greater with ether than with chloroform, perhaps not so great, since the bleeding, which occurs from the effects of the ether, is primary, and is more certainly provided against, while the circulatory depression and vasomotor constriction due to chloroform, to a great extent prevent primary bleeding, and lead indirectly to later hemorrhage.

12. The safety margin between sufficient chloroform for anesthesia and the lethal dose is much narrower than it is with ether.

13. Patients should be well fed with easily digested and unbulky food to within a few hours preceding anesthetization, and should be allowed water to within two or three hours of it. If this plan is followed, shock will be less, and elimination of the anesthetic will be more rapid, and with less harm to the emunctory organs. For the same reasons water should be given as liberally as practicable after anesthesia.

14. Machine methods in selecting anesthetics should be avoided as far as practicable, the anesthetic being selected accord-

ing to the conditions present in the individual case.

15. Any anesthetic, and especially ether, should be given with the greatest caution in the presence of special susceptibility to acute bronchial or pulmonary affections.

16. Further clinical investigation in the use of nitrous oxide is desirable and necessary in order to establish its status in relation to surgery; but its general employment is not practicable.

17. The majority of inhalers on the market are bad. An inhaler made on the principle of the Esmarch chloroform mask is the cleanest, safest, and best for ether as well as for chloroform. However, the "open method" of administering ether is not practicable in the tropics, in high altitudes, nor in open-air military surgery, on account of too rapid diffusion.

18. The ordinary tongue forceps is a barbarous instrument, and is often positively dangerous from forcing the base of the tongue against the pharynx.

19. The post of anesthetist is second only in importance to that of the operator, and the selection of an anesthetist should be made with great caution where possible.

20. *No person who has not a wholesome fear of anesthetics can be trusted to administer them.* Beware of one who believes any anesthetic to be perfectly safe.

21. The anesthetist should gain the complete confidence of the patient as to his ability and carefulness, so that the mind will be at rest on these points.

22. Patients who greatly fear anesthesia are the ones likely to give the most trouble to the anesthetist.

23. Other things being equal, the intelligent and educated take anesthetics better than those of low intellect.

24. The patient should be kept as free as possible from unnecessary noise and other disturbances during the induction of anesthesia.

25. The pupillary reflexes constitute the best guide to the presence or absence of surgical anesthesia.

26. The anesthetist should watch carefully the pupils, pulse, respiration and the color and condition of the skin, depending upon no single symptom as a danger-signal.

27. The patient should be carefully watched from the beginning of the anesthesia until fully restored to consciousness.

28. When anesthetics are properly administered, patients seldom struggle.

29. Noisy breathing during anesthesia should be the exception, as it generally means faulty administration.

30. The minimum amount of anesthetic should be given consistent with the production and maintenance of the desired degree of anesthesia.

31. Compression of the phrenic nerve will, if properly done, usually control retching and kindred symptoms occurring during anesthesia.

32. The use of drugs preceding and during anesthesia should be avoided save where positively indicated, and if resorted to they should be used with the greatest care. It is best to depend almost wholly upon other means for the prevention of syncope or to resuscitate.

33. Anesthetic mixtures are in general less safe than the "straight goods." One cannot know the relative proportion of the different components that the patient actually inhales.

34. Partial or "talking" anesthesia is advisable in some cases, but should be avoided in delicate or sensitive patients, especially for prolonged operations, unless taken quietly and with apparent abolition of pain-sense.

35. Finally, the subject of anesthesia and anesthetics should be thoroughly treated in medical colleges, and each student required to conduct a number of anesthesias under the supervision of an expert.—*Modern Medicine.*

The Kentucky Medical Practice Law.

Following is the President's address before the National Confederation of Medical Examining and Licensing Boards, June 4, 1900, by J. N. McCormack, M.D., LL.D., Bowling Green, Secretary State Board of Health of Kentucky:

To be really profitable annual conferences like this should partake largely of the nature of experience meetings, where members may recount in sorrow to sympathetic ears insurmountable difficulties met or defeat suffered in their respective states, or, amid applause and congratulation, announce and explain progress in new legislation or court decision, or growth in public sentiment in favor of scientific medicine as against the various forms of quackery and imposture. They might,

too, be termed milestones upon the highway of our advancement, about which representatives of all the States may gather temporarily, compare notes, and then return to the position each has really attained in the march; a few in the vanguard, with quackery under control, the majority composing the main column, where charlatans and scientific physicians have equal legal recognition, and a considerable rearguard and straggling force, where charlatans and fads are exalted and the scientific physician is in constant danger from the undertow.

I have been not a little amused in reading the self-complacent publications upon medical requirements issued by the Board of Regents of the State of New York, under whose benign authority quackery in all of its grosser forms flaunts itself with an effrontery seldom seen elsewhere, and the Bulletin of the American Academy of Medicine constituting our medical aristocracy, or professional "four hundred," most of whose members come from States where an honest doctor, if he behaves himself, stands nearly as well before the law as a Christian scientist or an osteopath—I say I have been not a little amused to find that the latest revised, improved and duly verified editions of these publications put their own quack and fad-ridden States in classes "A" and "B," chiefly "A" or "AA," as to the requirements, while Kentucky, within whose borders an itinerant or advertising doctor of any kind has not dared to show his face for years, is put down in class "C" and down at the bottom at that.

Now, I contend that Kentucky deserves better treatment. We may have committed a good many sins, but they were not along this line. We raise race horses, but most of their honors are won at Sheepshead Bay, Gravesend and other Northern courses. We make good whisky, but the larger part of this finds its way to the North and effete East. Last, and worst of all, we let the State go Republican once and brought upon our people an Iliad of woes, but we claim that this was an error in the count which we will never let happen again if these elect publicist and self-constituted authorities in things medical will only classify us pretty well up, say in the scale of "B."

The fact is that our law is very like those of most of the other States, and that

the good results attained have come from the method, or rather the methods, of administering it. The law leaves much to the discretion of the board, which means that it is flexible and easily adapted to varying class and individual conditions. The preamble to the law sets forth prominently that its purpose is to protect the people from ignorant and unscrupulous charlatans, and it is administered with this sole aim in view. Accepting the opinion of the American Medical College Association, that it takes four years of school training to make a safe doctor out of a properly educated boy, we have adopted this standard, and all schools whose graduates are to practice in Kentucky are required to conform to it. We aided cheerfully in forcing this measure of reform upon our own schools to their great hardship and serious financial loss, and we propose to hew to this line, let the chips and angry remonstrances come from and fall where they may.

In addition, recognizing the diploma as being only the applicant's pedigree, we next, after the custom of our horse breeders, investigate the qualities and character of the individual. Two stallions were once being exhibited in competition—one a very fine horse with little more registered pride of ancestry than a mule, while the other, a poor animal, traced his long family line on both sides back to the pure breeds of Arabia. Bret Harte says we always wink with the weakest eye, so the owner of the last entry asked the other the pedigree of his horse. "He has none," was the reply. "Darn a horse without a pedigree" and "durn a pedigree without a horse" were the quick sallies that closed the incident.

We work very much after this fashion. We want not only smart fellows who can pass a technical examination, but above this, and, as we conceive, more important than even this, our law contemplates and provides for honest men who will deal fairly and squarely with their people. As we understand it, the State has no authority to inquire as to names or methods of practice, or whether large or small doses, or no doses at all, shall be used. But it can require, it should require, and we do require, whether a doctor call himself an allopath, homeopath, osteopath, eclectic, or belongs to the "no-name series," not only that he be competent in his fundamental training, but that he shall

be honest in his business methods. That is about all there is of it.

Nor does our supervision stop with the issuance of a license. Each applicant has been sworn that he will practice honest and legitimate medicine, that he will not become an itinerant or an advertiser. Then we have a medical referee in each county as a shepherd for his flock. A deviation from honest methods is promptly reported and brings a letter of kindly admonition from the central office which nearly always has the desired effect. All of this is done quietly, kindly, in the interest of the individual as well as the profession and public, and to this constant attention to personal elements and seemingly unimportant details we attribute much of the effectiveness of our law.

I trust that you will not get the impression that it is difficult for an honest and competent physician, young or old, to obtain our license, for such is not the case. While it is made an up-hill, thorny, and stony road for one who has been or is likely to become a charlatan, and the indices and ear-marks of these are not so difficult of recognition as the novice may imagine, the competent and well meaning applicant is put to the least possible trouble and expense, and is helped and cheered as becometh brethren and Kentuckians.

As a result of all these things, of our established reputation for fair dealing with all classes and systems of medicine, every doctor in the State, regular, homeopathic, and eclectic, worthy of the name, as well as most of our intelligent people and leading newspapers, are the friends and supporters of our law. If adverse legislation is proposed, they fly to its defense, they importune their representative and make his life a burden until he promises to stand by the right, and then, and this has much practical importance, they see that he never gets back as a member if he fails to keep his promise. In a word, our law being founded upon the right of the State to require training and honesty in those who desire to enter this life-saving profession, and being patiently and untiringly executed with an eye to these results alone, is a practical success in which the profession feels a justifiable pride.

Much has been said at former meetings and in the journals lately about the importance of reciprocity between the various States in the matter of medical license.

From what has already been said you can readily understand why we cannot seriously consider such propositions from other States under present conditions. From Maine to California, from the lakes to the gulf, in all the centres of population, we find the Copelands, the K. & K.'s, *et id genus omne*, who were run out of our State after tedious litigation many years ago. Now we do not want them back, and therefore cannot afford to recognize State certificates from Pennsylvania, New York, Illinois, or other States which give them the right to practice, and where they flourish like the green bay tree.

We still look upon our work as in the experimental stage. It took four hundred years of constant struggle for our English ancestors and brethren to reach their present standards, which are yet far from ideal. For eighteen years after the enactment of our first law we made little more progress than did Sisyphus with his rock. All that we claim now is that we have laid broad foundations upon which those who come after us may safely build.—*Bulletin of the American Academy of Medicine.*

Gas Fires.

The immense convenience and great cleanliness of gas fires as compared with coal fires are generally recognized, but many persons have a prejudice against their use on account of a supposed tendency to dry the air, making it irritating to breathe. This point has been carefully investigated by Mr. Thomas Fletcher, F.C.S., with results which are what one would expect, namely, that the supposed dryness of the air, when present, is due to the imperfect escape of the products of combustion, traces of sulphur finding their way into the air of the room. As a matter of fact, the reduction of humidity is markedly less with a gas fire than with a coal fire under similar circumstances. Incidentally we are led to the conclusion that flueless gas stoves are objectionable, indeed it is impossible that they should be otherwise than obnoxious, seeing that the greater part of the products of combustion must pass into the room and vitiate the air. While Mr. Fletcher has, we think, succeeded in showing that the use of gas fires, if properly fitted, is free from objection, the fact remains that there is ample room for improvement in their manufac-

ture. The noise which they make unfits them for use in a consulting-room, and their incomprehensible tendency to "light back" is always a source of worry and annoyance.—*Med. Press and Circular.*

An Experimental Study of Oxaluria, with Special Reference to its Fermentative Origin.

From a series of experiments upon lower animals, and from a careful study of the subject, H. Baldwin (*Journal of Experimental Medicine*) concludes as follows:

1. As various amounts of calcium oxalate may be held in solution in the urine, conclusions based upon the presence or number of calcium oxalate crystals found therein are of no real value as an indication of the quantity of oxalic acid present.
2. Unless the utmost care is exercised, the results obtained by quantitative estimation of oxalic acid are subject to large percentages of error. This is especially true of Neubauer's or Schultsen's methods, in which the calcium oxalate is precipitated in an alkaline solution.
3. An ordinary mixed diet regularly contains traces of oxalic acid or its salts.
4. A portion of the oxalic acid ingested with the food may be absorbed, and reappear unchanged in the urine.
5. The normal daily excretion of oxalic acid in the urine fluctuates with the amount taken in the food, and varies from a few milligrammes to two or three centigrammes, being usually below ten milligrammes.
6. In health no oxalic acid, or only a trace, is formed in the body, but that present in the urine has been ingested with the food.
7. In certain clinical disturbances which in some cases were associated with absence of free hydrochloric acid from the gastric juice, oxalic acid is formed in the organism.
8. This formation in the organism is connected with fermentative activity in the alimentary canal.
 - (a) The prolonged feeding of dogs with excessive quantities of glucose, together with meat, leads eventually to oxaluria.
 - (b) This experimental oxaluria is associated with a mucous gastritis, and with absence of free hydrochloric acid in the gastric contents.
 - (c) The oxaluria and the accompanying

gastritis are referable to fermentation induced by the excessive feeding with sugar.

(d) The experimental gastritis from fermentation is associated with the formation of oxalic acid in the gastric contents.

9. The symptoms attributed to an oxalic acid diathesis, with the exception of those due to local irritation in the genito-urinary tract, do not appear to be due to the presence in the system of soluble oxalates, but are more likely to depend on other products of fermentation and putrefaction.—*Modern Medicine.*

Anesthesia by Cocaine.

At the Academie de Médecine the subject of anesthesia by intra-rachidian injections of cocaine was freely discussed. M. Tuffier said that out of 1,300 cases of medullary anesthesia there was only one fatal case, and that was a person who had disease of the heart. In every case the anesthesia went as high up as the umbilicus. The injection was easy to do; during the period of anesthesia, in 80 per cent. of the cases he remarked malaise, nausea, vomiting, and sometimes a rise in the temperature. Almost any kind of operation could be done under the influence of cocaine, but it was not suitable to children or hysterical persons, nor for operations on the intra-abdominal organs, as the nausea might trouble the surgeon.

M. Guénolé read a paper on obstetrical anesthesia by injections of cocaine under the lumbar arachnoid, and in which he concluded that the injection of one centigramme (one-fifth of a grain) of cocaine produced abdominal anesthesia; that instead of impeding the contractions of the uterus, it rather favored them; that it rarely gave rise to any troublesome accident.

M. Porak confessed that in ten times he practiced the method, he failed four times; he only employed it once for a normal delivery, the anesthesia lasted an hour and a half, but the woman was not delivered for five hours afterwards. He considered that the injections were not necessary in such cases, and should be reserved for obstetrical operations.

M. Laborde took a very opposite view to any of the before-named speakers. He said that the injection of the smallest quantity of cocaine into the lumbar arachnoid cavity exposed the patient to the gravest

dangers. The dangers were twofold; one inherent to the local action of the poison, the other to its absorption. By reason of its absorption, and also, perhaps, by its diffusion in the cephalo-rachidian liquid, the cocaine affects the bulb, hence the troubles of respiration and circulation so frequently observed, the syncope (sometimes fatal), the vomitings, the headaches, etc., noticed by different authors. Consequently the new method of producing more or less general anesthesia should be proscribed as dangerous, and should not be regarded as a substitute to chloroform or ether.—*Paris Cor. Med. Press and Press.*

Spinal Curvature from Wrong Sitting Positions.

Careful investigations made in various European cities have developed the startling fact that in most schools a large proportion of the students, even at an early age, have developed curvature of the spine as the result of the wrong attitudes assumed in sitting while at their studies.

In Dresden, for example, Professor Kunig found lateral curvature in twenty-four per cent. of the pupils in the common school. This is truly a terrible spectacle—one-fourth of all the boys and girls in the public schools deformed before they have reached maturity. Many more girls are affected than boys, in the proportion of about five to one. This would make forty per cent. of all the girls deformed. Apparently the only curvatures considered in these investigations were lateral curvatures. Posterior curvature of the upper part of the spine, giving rise to so-called "round shoulders" and the consequent flat chest, is a condition much more common even than lateral deviation of the spine. The habitual posture, whether sitting or standing, constitutes a mold by which the body is shaped, especially during development.

Curvature of the spine is a matter of importance not only from a histological standpoint, but because of the direct relation between external deformities of this sort and internal displacements of the viscera, such as prolapsed stomach, movable kidney, and prolapsed liver and bowels. It is strange that among civilized people so little attention is given to the development of a good physique and erect carriage of the body. Among many

half-civilized tribes, as the Arabs, for example, great attention is given to this matter. Children are taught from earliest infancy to walk, sit, and stand erect, and as the result spinal curvature is practically unknown among the children of the desert.—*Modern Medicine*.

Massage of the Stomach.

According to Gustaf Nortröm, on account of the deep situation of the stomach and the slight resistance of the deep plane on which it rests, only a limited portion of the viscus can be reached in dorsal decubitus. For dilated stomach the author kneads at first from left to right with patient on back, the knees bent and head raised. After a few minutes he has patient lie on right side, and petrissage is performed with both hands alternately, from pylorus toward cardia. Gentleness is necessary during the séance. The sittings should last about fifteen minutes for stomach alone, and as much more time for the intestine, if there is constipation. They should begin two or three hours after a meal. The benefit most often shows first by a returning appetite, then by the disappearance of the rumblings, eructations, gastric pains, headache, vertigo, etc. At the beginning of treatment the diet must be light and limited in quantity. Besides dilation of the stomach, massage is of benefit in chronic gastritis, dyspepsia, essential gastralgia, gastralgia due to neurasthenia or anemia, pyloric cramp, etc., but it may do harm in ulcers or tumors of the pylorus.—*Med. News*.

How Frozen Meats Deteriorate.

Meats frozen and kept in cold storage for long periods do not undergo organic changes in the ordinary sense—that is, they do not putrefy, soften or smell bad, but they certainly do deteriorate in some intangible way. After a certain time frozen meat loses some life-principle essential to its nourishing quality. Such meat lacks flavor; it is not well digested or assimilated. Its savorless condition cannot be remedied or successfully disguised by the use of sauces and condiments. Those who eat cold-storage food for any length of time develop diarrheal disorders, lose in weight, and would eventually starve to death unless a change of diet was made.

The same reasoning applies to tinned fruits and vegetables. They should not be used after a certain time has elapsed. Especially should people be warned against using stale eggs and old milk and cream. Milk and cream are kept for days, rancid butter is washed and treated chemically, but all food, and especially cold-storage food, is damaged by long keeping, and will not nourish the body properly. There is the greatest abundance of food, but it does not satisfy.—*Sanitary Record*.

Defeated.

The defeat of Gov. Charles S. Thomas, of Colorado, for a seat in the United States Senate was due to the influence of the medical profession, who determined to punish him for an insulting veto message. The governor was the supreme head of a particularly strong machine, which seemed strong enough to give him whatever he wanted. The doctors all over the State went into the primaries and into the local conventions to work for Democratic and Fusion candidates who would pledge themselves to oppose Governor Thomas' ambition. The governor was perfectly sure of his nomination until the legislature assembled, when he found he lacked four votes, and the machine could not provide him a majority. Good, good for the Colorado doctors.—*Maryland Med. Journal*.

Six Thousand Deaths from Plague.

Close upon six thousand plague deaths took place in India last week, the increase being, as before, most marked in Bengal, which returns the large number of 3,846 deaths—a rise of twelve hundred as compared with the preceding seven days. The worst districts continue to be Patna, Saran, Monghyr and Gaya, in the order named; but a number of fresh districts also are being invaded, Hezaribagh, the Sonthal Parganas, Manbhum, Palamau, Mozaffarpore, Bhagulpur, Parganas, Howrah, and Hooghly all reporting sporadic cases this week, while in Calcutta 233 deaths occurred. The only other part of India where the disease is also seriously increasing is in the Bombay Presidency, where 1,552 deaths took place last week—a rise of three hundred. Karachi reports five deaths, and Rajputana nine deaths—*Indian Lancet*, March 12.

Translations.

MEDICINE AND MORALS OF ANCIENT ROME ACCORDING TO THE LATIN POETS.

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

II.

Satirical Poets—Lucilius, Perseus, Juvenal, Martial.

JUVENAL.

Decius Junius Juvenal was born at Aquinam, an ancient Italian town. Some historians claim that he was born in Celtic Gaul in the year 42 A.D., corresponding to the year 795 of the foundation of Rome. The fineness of his style and his independent character seem to afford good reason for this hypothesis.

The first years of his life were consecrated to observing the ignominies of Roman civilization, the servilism and corruption of the public men of his day.

He was forty years of age when he commenced writing his satires. Armed with the whip lash of Nemesis, he flagellated the ridiculous luxury of the rich, their insolent pride, the shameful vices of a people prone under the power of a monied despotism.

Where one is courageous enough to do high justice to the turpitude of his contemporaries he is naturally exposed, like Voltaire, to disgrace from a prince; like Paul Louis Courier, to trials before courts of injustice; like Victor Hugo, to exile. Juvenal died, then, far from his country, in Egypt.

His satires breathe neither hatred nor envy, but are impressed by a just indignation against evil and a profound love for the good. He could not view in cold blood the laws of nature publickly outraged by men. He protested against the monstrous debauchery, whose morals, in his time, had arrived at such a degree of licentiousness that posterity, we may say, can add nothing to their depravation.

"Non erit ulterius, quod nostris moribus addat
Fosteritas; eadem cupient facientque minores."

He nailed to the pillory of infamy tyrants, hypocrites, false statesmen, debauched aristocrats, parasites, and the whole school of bad-lived men. We can only sum all up by saying that Juvenal, poet, historian and philosopher, consecrated, following the expression of Titus Livius, all his life to truth.

In this struggle against all human depravations perhaps Juvenal might have come out victor and reached his object, the correction of Roman morals, if his genius had sufficed to anticipate the fall of rotten empires and the decadence of peoples. But if his immortal satire had not the power to suspend the law of fatality, it remains to us as a precious historical document, as a model of style and cleverness, as a literary monument remarkable for the elevation of ideas and energy in matters of self-conviction.

Despite all the interest that it presents for our information that Juvenal has given us upon some diseases, certain surgical affections, public and private hygiene, we will commence by a study, more philosophic than medical, on the corruption of morals among the Roman peoples of the great poet's day. He commences with the Empire, and we find it formulated by these two words: *Pana et circenses*. The peoples desired anxiously two things, that modesty only permits us to translate by *panem et circenses*. But it was not bread that these depraved peoples desired; it was the lupercales, feasts of Cybele, floral plays; *Pana!* the cynical ceremonies of luxury, the bacchanalian revelries! All the ancient manuscripts of Juvenal testify this.

"Nam qui dabat olim
Imperium, fasces, legiones, omnia, nunc se
Continet, atque duas tantum res anxius optat,
Pana et circenses."

This may be thus translated: "This peoples, who gave themselves up to the dictatorship, fasces, legions and all the dignities of life, now existed in shameful idleness and had but two aspirations—the lupercales and the circus."

What can we say of their festivals, their athletic plays, where, says Lactantius, men and women consorted nude to the sound of a trumpet—a celebration of the cult of lubricity, established in honor of a famous prostitute who had left the Roman peoples the riches derived from her debauchery?

When we read these satires of Juvenal closely it would appear that venereal diseases, nymphomania, satyriasis, pederasty and saphism overcame the men and women of those dreadful days as epidemic, an outbreak supported, too, by an inordinate appetite for alcoholism in every form. This neurosis seemed to attack all alike, for we see the censors going alternately from the throne to the tavern.¹

At that time Juvenal informs us that adultery was a trifling fault. It was the law of Julia,² made by Augustus, *de adulteriis*, a law with most severe penalties against those convicted of adultery. Juvenal asks :

" Ubi nunc, lex Julia, dormis?"

" The time of marital faithfulness no longer exists; concubinage is tolerated by the State itself. The latter has admitted *justæ nuptiæ et legitimæ*—that is to say, liaisons with concubines, provided such be not sister or daughter of those one has lived with, and are not of servile condition. Concubinage with incestuous women, foreigners or slaves, *injustæ nuptiæ et illegitimæ*, is the only one that legitimate women hesitate to tolerate, and for which they may claim the soft severities of the courts. The time will surely come—it is not far off, besides—when women will take on the fashion of transparent robes, made of silks and linens, which courtesans alone dare to wear and which is the livery of infamy imposed on adulterous homes."

Seneca was indignant at this fashion: " I see," says he, " silk garments, if we can give the name of clothing to such stuffs, that do not protect the modesty of the body, and which a woman cannot, *without lying*, swear she is not naked. We import these stuffs at great expense from unknown countries, to the end that women can no longer keep their secret charms from their lovers."

Juvenal says, in his sixth satire, that under the reign of Saturn modesty dwelt on this earth, but did not wait long to follow Sister Astræa, leaving this land

¹ From the end of the reign of Tiberius we see the human soul so degraded that it would astonish the majority at the present day, or rather we see manifest a degradation that had already existed, and only waits to be reproduced some day by the examples set of public immorality (L'ammenais).

² The law of Julia punished adultery by death.

for celestial space. If the age of silver saw the first adultery, the age of iron brought many other crimes. " In these days," adds our poet, " who will find a woman worthy to touch the strings on the sandal of Ceres?"

But adultery was not the only crime. Juvenal shows us the peoples were extravagant, proud, superstitious, cruel; the women poisoners. One poisons her husband with wine of Caleno, another uses the venom of mushrooms, like the poisons given to Britannicus and Claudius.

This somewhat explains the reason for which Juvenal advises his friend Ursidius to marry an honest woman, for even " doctors open the median vein."

" O medici! median pertundite venam."

This indication of the median vein proves that the ancients knew the different veins of the body, folds of the arm, and gave them the preference to the cephalic and basilar, although some writers seem to think they practiced bleeding the frontal veins.

The cause of all these disorders and this immorality of women must be attributed to the pernicious examples given by men, who in those days directed society and who are always the first to outrage nature.

Let us remark, in passing, that Juvenal always mentions the doctor and not the surgeon, for in Rome, as well as at Athens, the doctors practiced medicine and surgery at the same time. There were even alienists among them, and the most renowned for mental diseases was Archigenes, known likewise as a physician and surgeon, as is proved by this passage in the thirteenth satire—

" Et phthisis et vomitae putres, et dimidium crus
Sunt tanti? Pauper locupletem optare poda-
gram
Nec dubitet Ladas, si non eget Anticyra nec
Archigene."

" What difference be it phthisis, ulceration of the lungs or fracture of the leg? That this unfortunate Ladas does not hesitate to prefer to a fresh attack of gout, if he is not tributary of hellebore and of Archigenes."

From the proverb *Archigenis indiget*, to call a person crazy. To-day we are content to send lunatics to an asylum.

After the sexual excesses of the Romans let us pass on to their table excesses.

According to ancient Roman customs, the better class of society, when taking their meals, reclined upon beds similar to modern sofas. Their bodies were raised upon the left elbow, to the end of having a free use of the right hand in eating; behind their backs were comfortable supporting pillows. This fashion of eating was introduced after the second Punic War by Scipio Africanus. The women at first placed themselves by the side of the men, but did not recline, but afterwards they followed the masculine fashion. The children alone remained seated near their parents.¹

There were ordinarily three beds around the table, so that one side could remain open for the servants. The master of the house reclined at the head of the table. This festal board was made of precious woods, having incrustations of gold, silver, ivory or of pearl. It was sustained by a tripod of gold or silver representing a leopard or some other animal. It was usually covered by a colored cloth bordered in gold and purple. The dining table was the most luxurious of Roman pieces of furniture. The number of tables was in proportion with the fortune of the householder. The table service was performed by several slaves. Those who arranged the table were called *structor*. Another, named *chironomon*, was the head carver; he cut the meats, sometimes an entire wild boar, with marvelous skill. *Artocopus* was the one who served the bread; *pocillator* was the cup bearer and drink server. Seneca informs us that on gala days there were extra servants, one to wash the sputa off the floor, another received in a basin *ad hoc* the vomitings of those who were drunk, another finally mopped up all that dropped from the table.

"Alius sputa detegit, alius reliquias temulen-torum
Subditus colligit," etc.²

Juvenal furnishes us some curious in-

¹ Before dining they removed their sandals and donned a particular robe, *vestis canatoria* or *cubitoria*, that could be worn aside from meals. When they went to dine in the city they sent this robe to their host, so that the latter need not furnish one. The color of this garment was variable, yet those used in the cities were always made of white materials. Nero sometimes appeared in public with this festival robe, but this was considered a mark of his bad manners.

² Seneca: Letter lxvii, liv. vi.

formation on Roman foods. A certain Hortensius had introduced the fashion of eating roasted peacocks, but Juvenal considered the fowl as a very indigestible food; he spoke about boar's meat in the same manner.

As all know, fish were much used by the Romans. A great delicacy esteemed by all epicures was the gray mullet, that they went to fish for in the most distant countries. The head and liver of the gray mullet were its most valued parts.

The best wines of the Romans were drawn from Campania, a province of southern Italy. The most renowned vintages were those of Albe Setia and Sorrento. Falerno was the Chambertin and champagne of the Romans. They preserved their wines in small casks called *cadus*, and in order to age the liquors they placed them in a high room exposed to the south.

In order to have an idea of the culinary refinements of that epoch, it is sufficient merely to recall those three verses of the fifth satire—

"Anseris ante ipsum magni jecur, anseribus par
Alalis et flavi dignus ferro Meleagri
Fumat aper—Post huic radentur tubera."

"They served before him a fat liver, a capon as large as a goose, and a wild boar worthy of the knife of Meleagre." Afterwards come truffles perfectly clean. The wild hare and young chicken come in at the end, with the mushrooms, preferred fruits from the garden and pastries, *dulcearia et bearia*, described by the famous Apicius, who kept a public school for gourmands at Rome and wrote the famous treatise, "*De Gulae irritamentis*."¹

The feast is ended. They have crowns of flowers and myrtle upon their heads,

¹ Our poet has forgotten to mention a much esteemed dish among the Romans, called *matteæ*. This was kind of a salmis or game hash, into which partridge, fat pigeon, young chicken, with vinegar or sour grape juice dressing. Turtle-doves, thrush and hare were sometimes hashed up in this same dish.

"Piget esse singula, coguntur in unum sa-pores, in coena fit quod fieri debet saturo in ventre; exspecto jam ut manducata ponantur."

"They are no longer content to eat meat separately; they collected all tastes in one."

The pastries for table dessert were made of figures of Priapus, that, in opening, one found all kinds of fruits. These Priapes were cooked pastry and could be eaten if desired.

but they had neither the suave perfume of coffee nor the delicious odor of a fine Havana. What will they do? "They first take an emetic," says Seneca, "to the end of better eating, and they eat to the end of taking another emetic."

This was Cæsar's habit, and history tells us that Nero knew how to renew the hunger in his stomach surcharged with foods and when his lungs were burning from Falerno wine.

Can we add anything more to these examples? Yes; the patients themselves were given to intemperance. "The largest number of patients," says Juvenal, "died at Rome from loss of sleep, and also from indigestions and affections provoked by themselves."

Table excesses with alcoholism on one hand and venereal excesses on the other, gave them the gout, *podagra*. Galba was so gouty that he completely lost the use of his limbs: "*Pedibusque manibusque articulari morbo distortissmis, ut neque calceum perpeti, neque libellos evolvere aut tenere omnimo valeret*" (Suetonius).

The gout, of which it is only necessary to seek the cause in the incomplete elimination of the nitrogenous principles and their accumulation, under the form of urate of soda, in the small articulations, was only the result of the excessive alimentation to which the Romans gave themselves up. They were the subjects of venous plethora, hemorrhoids, and perhaps apoplexies. Fatty infiltrations enfeebled the organs of life of relation, completing the symptomatology of the gouty diathesis produced by a too animalized nourishment and the excesses acquired by habit.

As the pathological equivalent of gouty arthritis, they had then, as we have now, gravel and affections of the kidney. Augustus had gravel. Horace, small and obese, had gout, that disease which, according to Daremberg, was so common in ancient Rome.

Juvenal, in his description of old age, shows us, in all its sad details, the senile cachexia of the high livers of his time. "A deformed visage, covered by a hideous leather instead of a skin, cheeks hanging in wrinkles, toothless gums, deafness and impotency. One complains of his shoulders, another of his back and legs, the blind envy the one-eyed, and servants' hands place the food on withered lips."

"*Ille humero, hic lumbis, hic coxa debilis; ambos
Perdidit ille oculos, et luscis invides, hujus
Pallida labra cibum accipiunt digitis alienas.*"

"The dulled palate no longer finds a bouquet to the wine, nor the same taste to the food. Who will attend on this exhausted old man? Only fever gives a little heat to impoverished blood in an icy body; all diseases assail him at the same moment.

"And in order to achieve the list of misfortunes that await old age in their high livers, most injurious of all infirmities comes dementia.

"*Sed omni
Membrorum damno major dementia.*"

This takes away memory. They forget the faces of friends and cannot even recognize their own children, "*nec illos quos genuit.*"

So cerebral softening possesses them.

Like all peoples of the Orient, baths played a great rôle in the lives of the Romans. They bathed almost every day. Their baths were for the purpose of cleaning the body of natural soilings.¹

In general the public baths were open about five or six o'clock, when the business of the day was over. Baths were open to most of the public from morning to night, some all night. Hydrotherapy was well understood in every branch. Rich persons had baths in their residences, and often bathed after taking their meals. The price of bathing was very moderate; it was one *quadrans*, the quarter of an *as*; there were baths that cost very much more, baths frequented by the very wealthy. Once in the *piicina*, each took his wash rubbing cloth, *strigilis*, instrument in

¹ All ancient peoples considered coitions as a pollution that might injure the organs and functions, and it was only bathing and lotions that sufficed to remove such soiling. This is why Herodotus states: "Each time a Babylonian cohabits burning incense is placed each side of the couch, and at dawn of day man and woman take a bath, for they must touch nothing before bathing."

The same proscriptions were made by the ancient Egyptians and Hebrews.

No Roman could enter a temple before bathing after the act, even after making ordinary ablutions. The consecrated expression was *aquam sumere*. They even had slaves called *aquarioli*, whose duty it was not only to carry water for this use, but also to wash all public women after the act.

horn or ivory to scrape the skin, and that also served as a curry-comb.

Spartien reports the following anecdote "The Emperor Adrian, who often bathed with the common peoples, one day perceived an old soldier, who, having no one to scrape his skin, was rubbing his back against the wall of the bathing pool. The Emperor rendered him the service needed and gave him the wherewith to purchase what was wanted. The next day several old men attempted to attract the Emperor's attention and the liberality of their Prince in the same manner as the old soldier. This time the Emperor distributed curry-combs among them and ordered them all to scratch each other."

Originally the women's baths were separate from those of the men, and the mingling of the sexes was severely prohibited. But when public morals commenced to be corrupted the temples and baths had the same entrances; they likewise, in time, became places of public debauchery, and women frequented these baths at night.

"Callidus et cristae digitos impressit aliptes,
Ac summum dominae femur exclamare caegit."

Our readers can translate these words for the benefit of anatomists, and the sense will be more exact.

The satires contain some information relative to the public hygiene of Rome.

The Municipal Council of the city were called *ediles*, kept an eye on the monuments and habitations. Their functions covered the whole ground of civil police service; they fixed the price of commodities, prescribed all sanitary measures censured theatrical performances, presided at public reunions, and were supposed to watch over public morals. Their administration was not always as serious as they assumed; they were often mocked by satirists—for instance, by Perseus.

The *ediles* had the preparation for public hygiene relative to sepultures. Graves were free; a Roman could be subjected to cremation or inhumation, according as the relatives desired. They had no cemeteries; their tombs were placed along the public roads. Cremation was only permitted after the time of Sylla, who ordered his body burned, in fear that some one of his enemies should do as the enemies of Marius had done. According to Juvenal, the earth received the bodies of

children too small for the funeral pyre; Pliny likewise confirms this fact—

"Hominem priusquam genito dente cremari mos Gentium non est."

Among the maladies mentioned by Juvenal we may cite scrofula, *struma*; and goitre, *guttur*.

"Quis tumidum guttur miratur in Alpibus?"

It is the same to-day; the etiological conditions of this affection have not changed.

After mentioning phthisis and jaundice, that were considered incurable diseases, he speaks of the varices, to which the priests were subject from too long standing on their feet; of quartan fevers that lasted many years.

We terminate here this medical study of Juvenal, and in order to respond in advance to any criticism that may be adduced for seeking in Latin poets historical notes on the medical sciences, let us merely cite that superb definition of health that is found in the 355th verse of Juvenal's tenth satire.

"Orandum est, ut sit mens sana in corpore sano."

[*To be continued.*]

The Mosaic Code Confirmed.

The sanitary laws of Moses have been the standard upon which all sanitary legislation has since been based. Its rules for quarantine, for disinfection, and the sanitary rules respecting foods have never been improved upon in the slightest degree until the most recent times, and since so great light has been thrown upon these subjects by the developments of bacteriology and physiological chemistry. A recent confirmation of the instructions respecting clean and unclean animals, at least as regards the forbidding of horseflesh as food, has lately been brought forward by M. Pflüger, who has been investigating experimentally the value of horseflesh as food. He finds that the use of horseflesh as a diet is injurious, producing decidedly harmful effects.—*Modern Medicine.*

Dr. Kolipinsky reports in the *American Med. Journal* the discovery that depression of the tongue will arrest persistent hiccough.



Book Reviews.

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The Treatment of Fractures. By W. L. ESTES, A.M., M.D., Surgeon-in-Chief of St. Luke's Hospital, South Bethlehem, Pa. 8vo, illustrated, cloth. pp. 216. New York: International Journal of Surgery Company.

In the above volume has been added another to the long list of admirable treatises on fractures that have appeared within the last year and received notice in these columns. The author evidently writes from a large personal experience, and relying on modern surgical asepsis, does not hesitate to convert a simple into a compound fracture when he thinks the necessity demands. He also is insistent on the use of the X-ray for verification of the approximation of fragments. Unfortunately, this can only be done in a limited number of cases, as the apparatus required is only at the disposal of a few. As a rule, he has followed the beaten paths laid down by usage and authority. M. A. B.

The International Medical Annual: A Year-Book of Treatment and Practitioner's Index. 1901. Nineteenth year. New York: F. B. Treat & Co., 241-243 West Twenty-third Street. Price, \$3.00.

The same plan has been followed in this as in previous editions of this year-book, which reflects pretty faithfully recent advances in all lines of medicine, particularly in therapeutics. Of particular value and interest is McFarland and Murrell's article on "Toxins and Antitoxins." The advances in X-ray work, both in a medical and surgical way, are indicative of a great future for this branch of special diagnosis. The appendix on "Sanitary Science," becomes yearly of increasing importance.

M. A. B.

Transactions of College of Physicians of Philadelphia. Third Series, Volume XXII. Printed for the College. 1900.

As usual, a notable list of papers has been presented by the members of this renowned medical society. All are deserving of more than passing mention did space permit. In medicine, "The Cultivation of the Estivo-Autumnal Malarial Parasite in the Mosquito, with Presentation of Original Specimens," by Dr. Albert Woldert, must be accorded first place.

Second only to this is the symposium on tic douloureux, with particular attention to the Gasserian ganglion and the fifth nerve; surgical aspect, Drs. W. W. Keen, G. G. Davis and Robert Abbe; pathology, Drs. L. F. Barker and W. G. Spiller; neurology, Charles L. Dana and F. X. Dercum. Among other notable contributors must be mentioned S. Weir Mitchell and J. H. Musser in their respective lines. The society is to be congratulated for the continuation of the magnificent work that has already done so much for the advancement of American medicine. M. A. B.

Transactions of the American Dermatological Association. By FRANK HUGH MONTGOMERY.

An able report of the transactions of this society at their annual meeting is always a source of great pleasure and benefit to the members and to those interested in this subject. Most of the cases reported at the 1900 meeting are rare ones, such as blastomycetes, othematoma, persistent exfoliation of the lips, etc. Papers on the control of leprosy and parasitic diseases which were presented are of extreme importance, especially the latter. There should be, as one paper suggests, a more thorough examination of school children to prevent the spread of parasitic diseases. Malignant diseases of the skin were thoroughly considered. M. A. T.

Transactions of the American Climatological Association. For the year 1900. Vol. XVI. Philadelphia.

Of the twenty-two papers in this volume four treat of heart conditions, one of leukemia, one of pneumonia, and sixteen of pulmonary tuberculosis. These papers contain so many good things that we wish this volume could be in the library of every physician. If abstracts of some of these papers would do them justice we would gladly present them in this review.

J. A. J.

Treatment of Laryngeal Tuberculosis.

Imhofer recommends curetting of the diseased surface after anesthetizing with a 20 to 25 per cent. cocaine solution. In mild cases the diseased tissues may be destroyed with lactic acid. He has been able to secure recovery, even in very advanced cases, by this method.—*Modern Medicine*.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

MAY 4, 1901.

WHOLE VOLUME LXXXV.

CARBUNCLE.*

BY ROBERT CARTHERS, M.D.,
CINCINNATI.

The bacteriologist tells us that the *bacillus coli communis* is found in the healthy intestinal canal; that it is a very innocent germ under ordinary circumstances, but not infrequently the cause of very serious disease. We learn from the same authority that the *staphylococcus epidermidis albus*, one of the *staphylococcus pyogenes albus* variety, is a normal inhabitant of the skin, and when undisturbed rests quietly in the crevices, hair follicle, sebaceous and sudoriparous ducts, but when irritated or aroused is capable of causing abscess, furuncular or carbuncular inflammation. Since this germ is almost innocuous and responsible probably for nothing more serious than a stitch-hole abscess, one cannot see, unless it receives assistance from more dangerous germs, how it alone could be the cause for so severe an inflammation as carbuncle. In carbuncle the investigators have found all the pus-formers, but more frequently than all others the *staphylococcus pyogenes albus* and *aureus*.

A carbuncle is an acute suppurative inflammation of skin and subcutaneous cellular tissue, resulting in a circumscribed gangrene and slough, caused by any or all the pus germs, but most often the above-mentioned *staphylococcus*. It may occur on any part of the body except the palm of the hand or sole of the foot, but more often on the back, back of the neck, buttocks or face than elsewhere—the back and neck because the skin is more favorable there than elsewhere anatomically for its development, on the buttocks because of lessened vitality there due to constant pressure. These localities are not so easily cleansed as other portions of the body and are quite prone to clothing irritations.

The face is very much exposed to dirt and irritants and frequently scratched with dirty finger nails. Men are affected more often than women. Almost never occurring in childhood, rarely in young adults, nearly always in individuals past forty, and very frequently, but by no means always, those who are both physically and mentally below par.

An association between such diseases as diabetes, chronic Bright's, chronic alcoholism and carbuncle is thought to exist, with diabetes well in the lead. Not all individuals who are sufferers from carbuncle, however, have sugar or albumin in the urine, nor do they all look too often upon the wine that is red, and not all diabetics or sufferers from Bright's or old alcoholics have carbuncle; on the contrary, it has been my experience to find the exceptions. If they are responsible for this inflammation it is in a predisposing way. In such diseases with damaged kidneys or liver the skin would be looked to for its excretory function, and by such action there would be a lessened vitality and an irritation caused by the solids excreted, sugar and urea, then itching and scratching, and in so doing break the skin and introduce the microbe from the dirty finger-nail.

Persons whose occupation brings them in contact with decaying animal or vegetable matter are prone to carbuncular inflammation, such as butchers, bakers, rag dealers, scavengers, etc. Bad hygienic surroundings, crowded tenements of today are, and the hospitals of the past were, no doubt fruitful causes. Scratches, small insect bites and insignificant wounds of the skin, making avenues of entrance for germs, are of not infrequent occur-

* Read before the Academy of Medicine of Cincinnati, January 21, 1901.

rence and act as predisposing causes. One case in which I was much interested commenced in the wound of an unsuccessful vaccination.

For the pathology of carbuncle we are indebted more to John Collins Warren, of Boston, than all others; so far as I know, it was he who first demonstrated the peculiar anatomical arrangement of the skin and subcutaneous cellular tissue of the back, the most frequent locality for carbuncle. The skin here is extremely thick and densely fibrous, to sustain burdens and for protection. The hair follicles, supporting only downy (lanugo) hairs, are shallow and project only a short distance into the uppermost layers of the fibrous skin mass. From the base of the hair follicle projecting obliquely downward to the subcutaneous connective tissue and fat is a column of fat (columna adiposa), a little broader than the hair follicle, and in the centre of it is a sweat-gland with two ducts projecting obliquely upward or emptying into the hair follicle itself. The cutis vera is attached or tied to the underlying muscle fascia by numerous interlacing or interwoven dense fibrous bands, in the interstices of which will be found connective tissue and fat cells communicating through the columnæ adiposæ with the hair follicle and epidermis. Each lanugo hair has its erector pili muscle, which by its action makes the lanugo hair stand on end "like the quills upon the fretful porcupine," and by the side of which pus finds a way to the surface, which will again be mentioned. If one will recall his experience trying to shell out a fatty tumor of the back or the microscopic appearance of a section of it made he will be struck with the prominence of these fibrous bands which hold firmly in place the thick skin of the back. The skin here is quite freely supplied with blood-vessels, and especially lymphatics, which was demonstrated by Warren with injections from below upward.

Now for the carbuncle. The skin is irritated and scratched by the clothing or collar-button or dirty finger-nail. A pus germ finds its way through a little break thus made into a hair follicle, at once setting up an intense inflammation, advancing downward into the columnæ adiposæ and thence downward into the subcutaneous fat spaces. It does not spread laterally here with the same freedom as elsewhere

over the body, on account of the resistance from the fibrous bands, but gradually extends from one space to the other, advancing on the lines of least resistance and going upward again in the neighboring columnæ adiposæ to the hair follicles, discharging pus around the downy hair, the larger openings, through the lymph spaces of the skin to the papillæ, forming small pustules which soon break, and by the sides of the erector pili muscles forming the smaller openings. These little openings soon coalesce to form two, three or four still larger openings, and these eventually one crater-like opening.

When the outlet of pus becomes freely established, and by the intensity of the inflammation the carbuncle becomes circumscribed, a line of demarcation is established, and the mass, now gangrenous, is thrown off in a slough. Nature, in the majority of cases, protects the system at large from infection by throwing a protecting or sealing barrier around the disease. The veins and vessels are plugged, the lymphatics not always, and by absorption at times; neighboring glands are enlarged by irritation, afterwards subsiding or breaking down, are opened by nature or art. Occasionally a vein cannot stand the hammering it receives; the plug gives way and a thrombo phlebitis occurs. This is what makes a carbuncle of the face, especially the upper lip, so dangerous, on account of the communication through the facial and ophthalmic veins with the cranial sinuses and setting up a purulent meningitis. After all dead material is discharged the cavity heals by granulation and cicatrization, leaving at times an ugly scar.

The above description is intended for a carbuncle of the back, and partially or incidentally for the face. When occurring elsewhere in the body, say on the extremities, it is quite similar, yet with a difference. Here the hair follicles dip deeper, and there is not the columnæ adiposæ; an infection starting in the deep hair follicle would more likely cause a furuncle, or, as does at times occur, follow the hair follicle to the subcutaneous fat. The inflammation of this fat not finding the resistance from the fibrous bands or ease of outlet through the columnæ adiposæ, such as was found in the back, spreads laterally with more ease, at times forming a large pus-space and raising the skin for some dis-

tance around. They are not here honey-combed like those found in the back. The overlying skin becoming thinner and less able to resist the onslaught from below, will then break around the hair follicles, forming coalescing openings and slough, just as before seen.

Carbuncles vary in size from one to five or six inches in diameter, usually, the typical cases about two or three inches in diameter. Sometimes they are multiple. Not often do they penetrate the fasciae, yet in one case, reported by Monnier, the pus penetrated through fasciae, muscle and even to the spinal cord, causing death by meningitis.

Carbuncle commences with a small burning, itching and painful point, the infected hair follicle rapidly becoming more intense and larger. It is in this stage that there is a chill, slight or severe, with fever, which is at times very high, associated with delirium and cachexia. Just as in all gangrenous diseases, there is malaise, and in severe cases, especially in the aged and debilitated, extreme prostration. Pain, one of the most prominent, and, if not relieved, troublesome symptoms, of a deep, throbbing character, continues in intensity up to the time of a free discharge of the pus and death *en masse* of the carbuncle; this occurs at about the end of the eighth or tenth day. Disturbances of the circulatory, respiratory and alimentary system characteristic of a suppurative inflammation are present, the severity depending upon the magnitude of the carbuncle and the age and strength of the patient. The local appearance presented is first intense redness of the skin, spreading quickly, becoming a deep bluish-red or copper color. The skin is elevated over the inflammatory area more like a tableland or flat, not cone-shaped, board-like to touch and not movable; then occur the coalescing pus-discharging openings and sloughing of the mass. Edema of the surrounding region is a prominent sign, probably most pronounced in carbuncle of the face. The entire course of a carbuncle is usually from two to eight weeks.

The diagnosis of carbuncle after forty eight hours, in the vast majority of cases, is apparent. In the beginning it may be mistaken for furuncle, from which it is diagnosticated by the location, cone-shape characteristic of furuncle, while carbuncle is more flat, and then the two or three

little openings which means, with other signs, carbuncle. On account of the edema and redness of the skin it is at times mistaken for erysipelas; close observation for the intensity of redness at periphery, characteristic of erysipelas, will determine the question. In the beginning the redness and pain of a malignant pustule may simulate carbuncle. After the vesicular formation around the edges occurs, with depressed surface and cessation of pain, the differential diagnosis would seem not difficult. If still in doubt, the presence of the anthrax bacillus after two days will determine the question. In diffuse or circumscribed phlegmon of the face the swollen, infiltrated patch is generally anemic or pale, while in carbuncle there is an intense redness of the skin.

The prognosis of carbuncle depends, first, on the severity of the disease ("all rivers are not the Mississippi"); second, location; third, age and constitution of the patient. The vast majority of uncomplicated cases recover, yet in the aged and debilitated the prostration is so great that even though uncomplicated death may occur from exhaustion. Complications, such as thrombo-phlebitis, meningitis, septicemia or pyemia, add gravity to the case, and when fatal it is one of these diseases which is held responsible.

The treatment of carbuncle is prophylactic, abortive, medicinal or operative, depending upon the character of the case. Many cases undoubtedly could be prevented by cleanliness of the skin through frequent bathing, preceded occasionally by diaphoresis and massage, making the lavation more effective. In those subjects with damaged kidneys and liver, treatment beneficial or curative as far as possible should be instituted. Diabetics should receive proper diet and medication, and as they are prone to carbuncle an ever watchful eye to the skin, preventing irritation and scratching. All irritations from clothing should be prevented, and individuals whose occupations bring them in contact with decaying animal or vegetable matter should be warned of the danger and instructed in preventative measures. The aged and weaklings demand tonics, nourishing diet, hygienic advantages in all particulars.

If seen in its very incipiency, a carbuncle can at times be aborted by an injection of a few drops of pure carbolic

acid or a red-hot needle thrust into the hair follicle or column^a adiposa. Unfortunately, in the majority of cases it is not at this stage we are called upon, and the inflammation is well established when first seen.

The medicinal treatment is the judicious relief of pain, quinine and brandy for its tonic effect, good substantial diet and application locally of soothing and antiseptic lotions or dressings. Carbolic acid and corrosive sublimate packs, lead and opium wash, peroxide of hydrogen washings, listerine, and numerous other remedies have their adherents. For my own part I much prefer the equal parts of castor oil and turpentine applied to the carbuncle on absorbent cotton or several thicknesses of gauze, which is to be kept thoroughly saturated with the solution. It has given me the most gratifying results by relieving pain at once and very effectually, so that in most cases no narcotic is necessary. It causes a free discharge of pus; limits, I think, the spread of the inflammation, and promotes a rapid and healthy granulation of the cavity after the slough is thrown off. Just how it acts I do not know, and I have never been able to find as yet any satisfactory explanation. The turpentine undoubtedly by its strong antiseptic properties, but how the castor oil? Turpentine combined with any of the other oils, olive or linseed, will not do the work either in relieving the pain or repairing the inflammation. In the treatment of over twenty-five cases, large and small, mild and severe, situated on all parts of the body, I have never had to use but once any other treatment than the one just given.

The most rational operative treatment that occurs to me is the burning away of the entire mass with the actual cautery, converting thereby a carbuncle into a burn of the second or possibly the third degree, and at the same time killing all infection. It is possible after such an operation to repair the injured portion by skin-grafts, either after the Thiersch or Wolfe method. The cauterization treatment is severe, it is true, but no more so than a thorough cutting away of the carbuncle with the line of incision well outside the carbuncular mass, the only cutting operation which would seem effective. I do not look with favor on any of the cutting operations, especially the crucial incision or the use of the

curette; neither at best accomplishes much good, and either is capable of doing serious damage by undoing nature's effort in sealing up all entrance to the system in general at the line of demarcation. I would liken such treatment to a surgical operation in which no attention whatever had been given to asepsis.

[For discussion see p. 418.]

The Opium Controversy.

Mr. Rudyard Kipling is reported to regard opium as the "friend" and "mainstay" of millions in India, and the publication of this view has caused the old controversy in regard to the use and abuse of opium to be reopened with even more acerbity than before. One medical man, in stating his views, refers to a detail which appears to have escaped general notice, viz., that the high officials in the Japanese Government have an intense antipathy to the abuse of opium. To such an extent is this feeling carried that, during the Chino-Japanese war, a number of Japanese coolies employed in Shantung, who had contracted the opium habit, were brought before the Japanese commander. This officer, rather than allow these coolies to return to Japan, lined them all up and had them shot. In connection with this fact it may be remembered that when Count Ito, the man who made modern Japan, was in Pekin a few months ago, he told the Chinese authorities that in his opinion China would never make any headway until opium was placed on the list of poisons and its sale restricted, as is done in England and other countries. Most of those who are opposed to Kipling's views on opium have found his point that opium-eaters are free from malarial fever a difficult one to deal with, the general tenor of the majority of the replies traversing this statement being that the remedy is worse than the disease. When diarrhea supervenes in an opium-eater the helplessness of medicine is well known, and the relatives, we are told, immediately order a coffin.—*Med. Press and Circular.*

Two grains of the salicylate of sodium every hour or half hour in a teaspoonful of water will cure the most obstinate cases of urticaria, except those of chronic nature.
—*Med. Summary.*

ENORMOUS GALL-STONES WITH OVARIAN CYST AND UTERINE FIBROID.BY J. F. BALDWIN, A.M., M.D.,
COLUMBUS, O.,SURGEON TO GRANT HOSPITAL; FELLOW OF THE AMERICAN
ASSOCIATION OF OBSTETRICIANS AND
GYNECOLOGISTS, ETC., ETC.

Ordinary gall-stones and gall-stone operations are such every-day affairs as to not call for even passing notice. The following case, however, presents so many unusual features and the stones removed are so far beyond the ordinary size as to deserve permanent record.

Mrs. S., age fifty-nine, seen with her physician, Dr. S. C. Dumm, March 25, 1901. Patient had been married thirty-eight years, but had never been pregnant. Presented an enormous abdominal tumor with a rather obscure history. The tumor was evidently cystic and presumably ovarian. She had passed the menopause thirteen years before. Had noticed the present tumor for about two years; had lost some flesh, but was naturally very thin. Her legs were highly edematous and had an almost board-like hardness. This swelling has been present for eight or ten months. For several months had been suffering a good deal with an inclination to vomit, the vomiting coming on especially at night; the vomitus consisting of a greenish, watery fluid. There had been some soreness through the bowels, but no history of peritonitis. Vaginal examination was entirely unsatisfactory, since the tumor was so large as to prevent bimanual palpation. The uterus, however, seemed retroverted and pressed low in the pelvis.

Immediate operation was advised and was made at the Grant Hospital on March 30, there being present, besides her family physician, Drs. Rodebaugh, of Marysville, Merriman, of Centerburg, and one or two others. The operation was proceeded with in the usual way, but such adhesions were found as required the incision to be made long enough to admit the hand. On tapping the cyst the fluid which escaped was of a light brown color. Several large cysts were tapped, one after another, and the size of the tumor thus reduced until it was all delivered through the incision.

A careful estimate made by the physicians present placed the weight of the tumor at about sixty pounds. After get-

ting the tumor out of the way the uterus was examined and found pressed down deep in the pelvis and flattened out by the weight of the tumor. A fibroid about the size of a hulled walnut existed in its anterior wall. This fibroid was easily enucleated. The uterus was then brought up and an ordinary ventro-suspension made. As a routine procedure the appendix and gall-bladder were next examined. The appendix was found entirely normal, but the gall-bladder was found to contain several very large gall-stones. The abdominal incision was, therefore, closed in the usual way and a second incision made over the gall-bladder. On opening the gall-bladder a large amount of inspissated bile was removed, this bile being of about the consistency of molasses. On getting this out of the way the large gall-stone which presented was next removed. This gall-stone was shaped very much like a conical bullet, and was delivered with great difficulty. A second gall-stone was then found below, which was removed with still greater difficulty; and below this was found a smaller one, which was delivered with the utmost ease. The gall-bladder was then closed and attached to the parietes with drainage in the usual way.

Examination of the gall-stones gave the following results: The first gall-stone, which, as before stated, was shaped like a conical bullet, had a length of one and five-eighths inches, and a circumference at its base of three and one-half inches. The second stone, which was shaped like an ordinary potato with each end cut off, had a length of one and three-quarter inches, and a circumference of four and five-eighths inches. The third stone fitted in at the lower end of the second, and was shaped like a small patella. The first stone weighed a trifle less than five drams, the second stone a trifle more than ten drams, and the third a trifle less than two drams. The total weight was almost exactly seventeen drams.

I am pleased to state that the patient made an absolutely uneventful recovery, and left the hospital in three weeks from the date of her operation. Although there had probably been no bile entering the gall-bladder for many months and, perhaps, for many years, fresh bile appeared at the drainage-opening about one week after the operation. On inquiry

of the patient afterward a history was obtained of trouble with the gall-bladder about thirty years before. Possibly a good deal of the pain which she had complained of during the last year in the region of the gall-bladder, and which she had attributed to the presence of the ovarian tumor, was really due to the presence of the gall-stones.

Such investigation of the subject as I have had time to make shows that while these gall-stones are by no means the largest that have been reported, most of the very large ones which are on record have been removed post-mortem. Numerically, of course, it is unusual to find a case having so few as three stones. While this patient was in the hospital two other patients were operated upon, each having something over one hundred and twenty gall-stones. In one case two of these were unusually large, being about the size of buckeyes. A year or two ago, in response to a query, I reported, in the *Association Journal*, a case in which I had removed something over 1,300 gall-stones, and a few months ago, in operating on a case in Hardin County, the number removed was something over 4,000.

If the readers of the LANCET-CLINIC know of any case in which larger stones have been removed in Ohio, or larger numbers, it would be interesting to hear from them.

Growing Pains as a Symptom of Rheumatism.

Dr. E. M. Brockbank says that "growing pains" are often, if not always, of rheumatic origin, and any inquiry into the cause of a diseased heart (especially of mitral stenosis) should include investigation as to the previous occurrence of such pains. He reports five cases of mitral stenosis in which no history of rheumatism could be elicited except of "growing pains," which are the most common symptoms of rheumatism in children.—*British Med. Journal*.

THE value of oil of eucalyptus as a gastro-intestinal and genito-urinary anti-septic should not be overlooked.

HYPODERMIC injection of a solution of camphor in ether is considered a powerful heart stimulant.—*Med. Summary*.

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of January 21, 1901.

THE PRESIDENT, C. L. BONIFIELD, M.D., IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

Dr. Robert Carothers read a paper (see p. 413) entitled

Carbuncles.

DISCUSSION.

DR. JOS. RANSOHOFF: This is certainly a very important subject. I asked my friend, the author of this paper, who told us that he had seen twenty-five cases of carbuncle, if he had any death returns from carbuncle, and he told me, "No." Dr. Reamy has told us that he has treated at least two hundred cases, and I would like to ask him if he has had any deaths resulting from carbuncle. Dr. Reamy informs us that he has.

To my mind it is not a simple thing—the idea of a carbuncle being a very simple thing is an erroneous one. I do not know of anything more grave than a carbuncle. I might incidentally remark that I have not seen carbuncle develop in butchers more frequently than in any other class of subjects. We know butchers have anthrax. I have never seen a case here, but have seen them abroad. But carbuncle has nothing to do with anthrax. It may be that I have not seen many carbuncles in their inception. I have seen a good many when they were far advanced, and in some cases absolutely without hope. It is a peculiar thing that many men who are called to treat carbuncles do not recognize the gravity of the case until some one is called in who realizes the true state of affairs. I recall one case of carbuncle occurring on the back of a man's head which extended up to his crown. Sloughing had begun, the man no longer had any pain, he was semi-delirious, his temperature was high, and had a secondary pneumonia coming on, but the physician in charge had no idea as to the great gravity of the case. In the course of twenty-four hours the man died. We have heard to-night if you will

take a red-hot needle or wire, or a piece of caustic potash, and run these into the carbuncular mass you will destroy the virus. Now, I have not seen very many carbuncles in their incipiency. Perhaps they do not come to me. I do not, however, recall having seen a carbuncle which was not as large as a small peach. When a carbuncle has reached that size the mere burning the center with a red-hot needle or caustic potash avails nothing, I should imagine. The reason for this is that septic absorption goes on from the periphery, and hardly at all from the sloughing centre of the carbuncle. The essayist said, in reference to the excision of a carbuncle, that he had never tried it. I know of nothing which will give more gratifying results than the thorough excision of a carbuncle under general anesthesia. This cannot be done without the loss of blood. You can use the thermo-cautery, but you cannot cut through all the sloughs, for between the sloughs we shall have bands of connective tissue which are vascular. You cannot remove a carbuncle without considerable hemorrhage.

One speaker has alluded to its going through the fascia. I have never seen one go through the deep fascia. My own opinion is that the deep fascia acts as a safeguard for the prevention of the spread of the inflammation.

If I had a carbuncle I feel quite certain I would have some good friend give me an anesthetic and have it excised.

DR. THAD. A. REAMY: Dr. Carothers has given us a classical paper. He presents a graphic clinical picture. The disease is more common and more serious than many would think it to be.

I am much interested in the treatment recommended, but would think it better adapted to the advanced stages.

My personal experience in the treatment of carbuncle embraces at least two hundred cases. Have, of course, seen but few cases in recent years. I have personally been the victim ten or fifteen times.

An inspection of the back of my neck will disclose numerous cicatricial footprints. In my case, on three different occasions, sea-bathing was followed by a carbuncle, within a week after the luxury was commenced. It seemed more than coincidence. My observations do not confirm those of the essayist—that the physically and mentally weak are most prone

to the disease. Rather, I should say, the robust, who happen, at the time, to be below their usual health-standard. These remarks do not apply to those who are broken down by advanced Bright's disease or diabetes. In such subjects the disease is a most serious complication. In the diabetic probably the sugar-saturated tissues promote activity of the *staphylococcus pyogenes aureus*, the form of microbe most common in carbuncle.

Treatment.—Since, in the first stages, it is not always easy to differentiate a carbuncle from a furuncle, and since, in the earlier stages, the latter disease can, in almost every instance, be aborted by the hot needle, I employ this measure in every suitable case, not waiting for the differential diagnosis.

The method is as follows: Take an ordinary darning-needle of large size, pass it through a cork nearly to the eye, so that the needle can be held by the cork and thus avoid burning the fingers of the operator. Now place the patient with the carbuncle or furuncle very near to a gas flame; in the flame heat the point of the needle to a white heat and thrust it quickly into the centre of the inflamed elevation. This thrust will be unattended by pain until the needle has partially cooled, when it is quickly re-heated and the thrust repeated. This to be done three to six times, owing to the depth which the extent of the disease demands. When the cautery has penetrated to the bottom of the diseased tissue, which it must always do, even though it go down to the deep fascia, the sensation communicated to the fingers of the operator as though the needle had dropped into a shallow cavity, is unmistakable.

I repeat that which may seem to those who have not tried it incredible, viz., that if the needle is kept at white heat the operation is attended with practically no pain. I also repeat that, if the remedy is resorted to within three to five days after symptoms have commenced, before the inflamed surface is too broad, the furuncle will be aborted in at least 95 per cent. of cases. And in carbuncle, if employed early and thoroughly, a large per cent. of abortions of the disease will follow.

In more advanced cases of carbuncle I place the patient so that the diseased surface is on a horizontal line to avoid the juices and fluid potash running over healthy

skin, then take a stick of caustic potash, which must be sharpened to a point at one end. This sharpened end is to be gently, but firmly, pressed in the centre of the carbuncle, vertically downward, until the bottom of the diseased structure is reached. The sharpened end of the stick aids its descent to the bottom. But the process is, of course, largely escharotic. The rapid deliquescence of the potash, in atmospheric exposure, hastens the process. The result is complete destruction of the necrosed tissue in the centre of the carbuncle, leaving a crater of larger or smaller depth and width, according to the amount of tissue destroyed. The fascia underlying the disease must be the limit of depth, as the disease seldom, if ever, passes below this anatomical barrier. I have frequently speedily cured by this method cases when the carbuncle extended over almost the entire posterior aspect of the neck, measuring at the base five to seven inches in diameter. In such cases the larger end of the caustic stick must be applied to the sides of the opening made by the point. I have frequently seen the crater, when the treatment was completed in these larger carbuncles, an inch or two in diameter, though it is usually not so wide. Of course, the caustic is not under any circumstances to be repeated after the first treatment. Either an antiseptic emollient poultice or absorbent cotton, lightly coated with vaseline, may be applied daily. The crater is speedily enlarged by its walls breaking in, and within a few days healthy granulations are rapidly filling up the cavity.

Again, you will be surprised to know that the action of the potash is attended with very trifling pain, after the stick has passed through the skin. During this initial stage the pain is considerable, but in no case sufficiently severe to demand an anesthetic. The boring, burning pain, so characteristic of the disease, and so unbearable, quickly subsides after destruction of the hard necrosed central tissues, and the pain does not return.

The causes for this are easily explained. The open crater takes the key from the arch. It removes the pressure caused by engorgement of tissue around the base of the carbuncle. Of course, it removes pressure that was still greater in the central portion. Then, again, tissue destruction destroys nervous sensation. The re-

lief from pain, within a few hours, is magical. This method closes blood-vessels and lymphatics so that systemic infection from the local depot is arrested. I am aware that some surgeons, in the past, have advocated in these cases extirpation by the knife. They make it radical, cleaning out the involved tissue from base to base, no matter how large the field. They treat the case as they would a carcinoma. And they claim excellent results. They also allege that this treatment is not more radical or heroic than the method by caustic of potash as practiced by me.

This plan, which I supposed had been abandoned, is earnestly recommended now, as we have just heard, by my friend and colleague, Dr. Ransohoff. His reasons for the practice are given with that force and clearness characteristic of him. His authority to speak on any surgical subject no one will question. For his opinions I have profound respect. Nevertheless, in this case I must dissent. When the carbuncle is large, more especially in an old subject, the traumatism necessary to its thorough removal by the knife becomes a serious matter, involving, in my opinion, wholly unnecessary dangers, and in case of recovery leaving an unnecessarily large open wound to heal by granulation, thus greatly protracting the period of recovery. When the disease is in the earlier stage, and the growth small, cutting it out leaves a wound to granulate, and convalescence is again protracted at least 50 per cent. as compared to the time required after removal by caustic. Moreover, only the central tissue need be destroyed by the caustic, the surrounding infiltrated tissue rapidly reaching a healthy condition. But when extirpation is done much of this tissue must be removed, if for no other cause, in order to avoid infection through cut blood-vessels and lymphatics. I again repeat that in all cases, whether the disease involves a small or a large area, this question of infection is of vital importance. In proof of the superiority of this plan of treatment I could cite many clinical cases, but will not detain you. The president calls time on me any way. May I, however, mention two or three cases.

Ten years ago a Mrs. M., aged seventy-two, the widowed mother of a gentleman now conducting a candy and confectionery business on Fourth Street, had on her neck, when I was called, a carbuncle reaching al-

most from ear to ear. The patient was already delirious from infection. Pain was intense. An opening two and one-half inches in diameter was made by caustic potash in the center, and extending down to the deep fascia. Relief from pain within an hour, sloughing was prompt, delirium vanished within ten hours. Convalescence was rapid.

A similar case in the mother of a wholesale shoe merchant of this city, the patient being seventy-four years of age. The carbuncle was located over lower border of the scapula, and quite as large as the one above quoted. This patient was also delirious. Following caustic-potash treatment complete recovery was prompt.

I mention one more case which was striking: The late Dr. Wills, then a resident of Chillicothe, was on a visit to his daughter, Mrs. James Buckingham, of Zanesville, O. He was seventy-five years of age and had been in robust health. When I was called a carbuncle on the back of the neck was at least six inches in diameter. There were two small openings near the centre of the elevation, from which was discharging small quantities of sanguous fluid. Pain very severe; delirium marked, even low muttering. The centre was rapidly destroyed by caustic potash. Recovery was prompt.

If these subjects had been the victims of chronic Bright's disease or of diabetes, which they were not, they would not have recovered.

I claim no priority for treatment of furuncle by the hot needle, or carbuncle by caustic potash, though it is now thirty-seven years since I commenced it, and it was then original to me.

DR. CAROTHERS: As the time for adjourning is near I will say but a few words. I wish to thank the gentlemen for the discussion of my paper.

As I stated, I have never had a death from carbuncle, and I will say that I think my method of treatment has been the reason. None of the patients treated in this manner died. I have seen several of a very severe type; probably the most severe occurred in a man sixty years of age, who had a carbuncle on his leg which involved almost half of the anterior surface and all of the inner surface of the thigh. I had another man with a carbuncle on the upper lip. That man got well. In this case the carbuncle

was from an inch to an inch and a half in diameter, and the area of edema around it considerably larger. I saw another man, well past sixty years of age, with a carbuncle on the back of his neck two inches in diameter. This was treated in the same way and he got well. I think I have had more than twenty-five cases, and I have never, in but one, instituted any other treatment than the one described. In that instance, as the person was very feeble, I burned it out with the actual cautery.

As far as the needle is concerned, I have seen small inflammations (and we all have) around a hair follicle which have been aborted by a red hot needle, but as to whether these inflammations would result in a carbuncle I do not know. I have never seen a case of carbuncle go down below the deep fascia, and I have found but one case reported, which I mentioned. I do not look with favor on any cutting operation in the treatment of carbuncle.

Dysmenorrhea.

At the Medical Society a member read a paper on the treatment of the pain of dysmenorrhea by touching the nasal fossæ with a solution of cocaine (1:5) as recommended by Fliess. Hardly were these zones touched with the solution than the patients asserted that the abdominal pain had disappeared as if by enchantment. When the cocaine touched the anterior extremity of the inferior turbinated bones, all hypogastric pain disappeared, while the pain in the back yielded when the solution was applied to the nasal tubercle. When the pain was unilateral it was sufficient to touch the nostril of the same side. Both the anterior extremities of the inferior turbinated bones and the nasal tubercle were called by Fliess "genital points," and to prove the elective action of these regions on the sensibility of the utero-ovarian region, the Austrian professor anesthetized all the mucous membrane of the nasal fossæ, with the exception of the genital points, and no relief was experienced by the patients.

Consequently, it might be inferred, said Professor Schiff, that the sufferings experienced in certain cases of dysmenorrhea had not their seat in the genital organs, but were produced by a certain irritation of the nasal fossæ.—*Paris Cor. Med. Press and Circular.*

Translations.

**MEDICINE AND MORALS OF ANCIENT
ROME ACCORDING TO THE
LATIN POETS.**

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

(Continued.)

II.

Satirical Poets—Lucilius, Perseus, Juvenal, Martial.

MARTIAL.

Marcus Valerius Martialis, known to the world of literature as Martial, was born in Spain at Bilbilis, near Saragossa, about 30 A.D. He left his native land at the age of twenty-three and went to Rome in search of a fortune. Modesty was not one of his qualities. In his memoirs he distinctly states: "I am called Val Martial, the favorite poet of the Romans." Despite this, he accused his contemporaries of not rendering full justice to his talents, and so his Spanish friends might be convinced of this fact, he wrote these lines: "Think of me and be just; your renown you owe to me. Mantua is proud of her Virgil, Padua boasts of Titus Livius, Cordova of Seneca and Lucan, Verona of Catullus, Bilbilis owes its renown to Martial."

This Spanish poet from Bilbilis wrote only epigrams. He passed most of his life flattering the courtesans of the Emperor Domitian, and insulting those who had a contempt for them.

Here is the warning he gives his readers, that has a certain physiological interest for doctors. "If thou posest for austerity, gentle reader, thou mayest as well take a promenade. My poetry is written altogether for worldly peoples, for only light verse amuses me. In reading me watch out for venous rigidity—

"O quoties rigida pulsabis pallia vena.

"And thou, also, young lady, should'st thou hail from Padua city with the most chaste women in all Italy, better drop these pages or take the sad consequences.

" Tu quoque nequitas nostri lususque libelli
Uda pueilla leges sis patavina licet.

" But when Lucretia closes the book blushing it is because Brutus enters, when he has withdrawn she will pick the volume up again."

Different from other Latin poets, the author of the "Epigrams" loved not medicine and hated the doctors. So he did not spare the profession in his sarcasms. He was jealous of every one who arrived at fame or fortune. "I have discovered," he remarks, "that Diaulus, before being an undertaker was a surgeon. He is then able to hold a clinic as he is capable thereof."

" Chirurgicus fuerat, nunc est vespillo Diaulus
Coepit, quo poterat, clinicus esse modo."

Zoile is ill; it was hot bed coverings that gave the fever. "What hast thou been doing, tangling up with doctors?" says Martial. "Send away these Machaons, sons of Æsculapius and pupils of Chiron. If thou dost desire health take my coverings."

" Zollus aegrotat; faciunt hanc stragula febrem,
Quid tibi cum medicis? Dimitte Machaonas
omnes.

Vis fieri sanus? Stragula sume mea."

Apropos of the sudden death of Andragorus, he was taken to his physician, who had no time to care for him. Andragorus went to bathe with us and we dined gayly together. The next morning he was found dead. Dost know Faustinius the cause of such a sudden death? He probably saw his physician Hemocrates in a dream.

" Lotus nobiscum est, hilaris caenavit; et idem
Inventus mane est mortuus Andragoras.
Tam subitae mortis causam, Faustine, requiris?
In somnis medicum viderat Hemocratem."

After accusing physicians of ignorance and immodesty, he charges dishonesty. "The practitioner Herodes stole a medicine goblet from one of his patients. Caught by the latter in the act, he exclaimed, "Would'st have taken a drink from it?"

In another epigram he accuses Herocrates of stealing everything he can find—napkins, cloths, etc. "He holds one of your hands," observes Martial, "and robes with the other. He would steal beds, curtains, anything."

For the physician Cerus who died, he

reproached him in an indirect way, of robbing his patients by prolonging their fevers.

"Nequius a Caro nihil unquam, Maxime, factum est,
Quam quod febre perit; fecit et illa nefas.
Saeva nocens febris saltem quartana finisset;
Servari medico debuit illa suo."

Another physician, Hylas, was killed by one of his patients who was suddenly attacked by renal colic and insanity at the same moment. Martial considered this crime wholly natural. His funeral oration for this unfortunate physician, assassinated by a lunatic for whom he was caring tenderly, may be rendered thus: "He was not so crazy after all."

"Invasit medica sica nephriticus, Auctes,
Et praecidit Hylas; hic, puto, sanus erat."

Let us note, in passing, the case of symptomatic insanity from nephritic disease. Was this delirium acute or apyretic? It is of little importance; dependent functional troubles of intellectuality are provoked by arthritic affection; it is the essential point for those who see in insanity only a chapter to add to general pathology.

Martial never let any occasion pass to be disagreeable to physicians. Yet Martial had no contempt for health. Like all the detractors of medicine, like all hypochondriacs such as Moliere and Voltaire, he feared death.

A word more for the oculists, for Martial has not forgotten to mention these gentlemen. He thus addresses one of them telling how he called in a bad doctor. "Thou art gladiator to-day; in other times thou wast an oculist. Thou followest thy old profession yet."

"Hoplomachus nunc es, fueras ophthalmicus ante;
Fecisti medicus quod facis hoplomachus."

Martial is too concise to say what the specialist did, but it is easy to divine; "He closed his patient's eyes." When our poet wishes, however, he knows very well how to dot his *i*'s.

It is fortunate that this bilious poet from Bilbilis had the medical services of those who were vastly his social superiors and were also men of fortune. Martial's venom was inexhaustible; he also agreed that his profession was a sad one, *i.e.*, to flatter those for whom he had a contempt,

to insult those who feared him, to hate everything high and low, and all to finally die in hunger. Yet at this time he was not in poverty; he possessed a small place in Rome and a little farm outside the city, bought with moneys given him by the Emperor Domitian. So his flatteries are often extremely stupid and his abuse very insipid. He compared this Emperor to Jupiter and his palace to Olympus; he also went so far as to say that his virtues would check Roman immoralities.

Romans were not all Adonises and were subject to numerous infirmities. Martial had an epigram on one Fabianus, that greatly amused the populace at the public baths and places of amusement. This Fabianus was troubled with hernias and hydrocele.

"Derisor Fabianus herniarum,
Omnes quem modo colei timebant
Dicentem tumidas in hydrocelas."

He said to Phebus: "Thy legs resemble the increase of the moon; thou mightest, Phebus, take a foot bath in the horns."

"Quum sint crura tibi, simulent quae conura luna
In rhytio poteras, Phœbe, lavare pedes."

Martial states: "There is no lack now for doctors for all diseases. Cascellius pulls or cures a tooth that he has made bad; Higinus burns the hair that interfere with sight; Fannius removes, without cutting, an uvula; Eros effaces the marks from slaves; Hermes passes for the Podalirius of those who have hernias; show me, Gallus, who mends ruptures?"

"Eximit aut reficit dentem Cascellius aegrum;
Infestas oculos uris, Higine, pilos.
Non secat, et tollit stillantem Fannius uvam.
Tristia servorum stigmata delet Eros.
Enterocelarum fertur Palairius Hermes,
Qui sanet ruptos, dic mihi, Galle, qui est?"

Hermes, according to Martial, was a hernia specialist, that goes to prove it must have been common in that population.

They told of remarkable cases of hernia cures in those days. A pagan priest had a scrotal hernia, and recommended to a peasant, who wished to sacrifice a buck, to remove the animal's testicles, to the end that the flesh of the buck might not be fetid.

"Dixerat agresti forti rudique vivo,
Ut cito testiculos peracuta falce secaret,
Teter ut immundu carmi abiret odor."

The recommendation was good, and the peasant soon returned with the animal. The priest knelt at the altar of Isis, showing behind him an enormous scrotal hernia, and the peasant, believing it his duty to go on with the sacred rite, cut off the scrotal mass with one clean cut, so that the poor auruspice was castrated, who from a Tuscan became Gallus (Gallus or priest of Cybele).

*"Ingens iratis apparuit hernia sacris.
Occupat hanc ferro rusticus, atque secat.
Hic modo qui Tuscus fuerat, nunc Gallus
auruspes."*

Let us recall the fact that the priests in the temple of Cybele were all eunuchs. Martial cannot let this occasion pass without having his word. He makes it well understood, meantime, that the auruspice may change his religious corporation. He had been operated on *cito et tuto*, if not *jucunde*, because that this improvised surgeon used a good instrument, *falce peracata*, whilst the priests of Cybele followed more desperate surgical procedures.

What will appear extraordinary to many surgeons is that the operation of castration among the Romans was very common and rarely fatal, and there was scarcely any hemorrhage.

The ancients knew little or nothing of auscultation and pathology, that to-day permit us to make an exact diagnosis between bronchial affections purely inflammatory and pulmonary tuberculosis. So they considered a cough as a symptom always having an unfavorable prognosis. Martial relates a curious history of a certain Gemellus. He was going to marry in hopes his wife would not live long and would bequeath him her fortune. He made assiduous court, he pressed marriage, he sent presents to his sweetheart, Marmilla. Was she pretty? An error; she was horribly ugly. What charm had she then? Why was she so pleasing to him? She coughed.

*"Petit Gemellus nuptias Maronillae,
Et cupit, et instat, et precatur, et donat,
Adeone pulchra est? immo feedius nil est.
Quid ergo in illa petitur et placet? Tussit."*

Thus she was condemned—she coughed. In another epigram, Næria is phthisical, for she also coughs, and although the malady progresses slowly, Bithynicus, her husband, believes it is all over. In

fact, Næria breathes with difficulty; she has a dry cough and her sputa flows over her chest.

*"Quod querulum spirat, quod acerbum naevia
tussit
Inque suos mittit sputa subinde sinus."*

A husband of the same kind as the two others says to one of his friends: "That must be a female friend of my wife's; she also coughs."

In the modern practice of medicine one never hears of hemitrice fever, a form of intermittent fever. It is to be believed that it was not a rare malady in former times; Martial often mentions it. He addresses Mathon: "Thou declaimest, Mathou, despite thy fever. Knowest thou not it is from madness. Thou art insane, my friend Mathon. Thou declaimest and thou art sick; thou declaimest and thou hast hemitrice," etc.

*"Declamas in febre, Mathon; hanc esse phrenesim
Si nescis, non est sanus, amice Mathon.
Declamas s̄ger, declamas hemitriceus.
Si sudhare aliter non potes, est ratio."*

"Thou art wrong to believe that thou givest proof of great courage; when the fever burns in the blood it requires great courage, Mathon, to know how to hold one's tongue, Mathon."

Here is another example: Maron has publicly made a vow for his friend, an old man who is attacked by an acute hemitrice fever; if the patient escapes death he will sacrifice to Jupiter a great offering. The physicians cure the patient.

"Cœperunt cutam medici spondere salutem."

Then Mavon makes a new vow not to keep his first promise. Happy patients!

This ancient fever, called hemitrice, was an intermittent demi-tertian, and was considered a very serious disease. When Martial is no friend to a patient he makes a diagnosis in his own fashion and gives way to fantastic considerations of etiology.

"They say Tongilius is attacked by a hemitrice fever. I know the habits of this good man; he is hungry and thirsty."

*"Uri Tongilius male dicitur hemitriceo
Novi hominis mores; escurit atque sitit."*

"He takes a filet of fat thrushes, he throws a hook to the mullet and pickerel. We give him the wines of the best vintage, those made under the consulate of Opimius.

We fill him up with a few glasses of Falerno. All the doctors prescribed baths for Tongilius. O ye fools, ye believe it is fever that makes him ill! It was gourmandizing."

"*Omnis Tongilium medici jussere lavari
O stulti febrem creditis esse! Gula est!*"

Martial does not give the name of hemitritee to all fevers.

His epigram to Lentinus does not permit us to doubt that he knew how to distinguish between it and gastric fever; for example: "Thou wilt see many days, Lentinus, before the fever leaves thee. Thou wilst be desolate and wish to know when it disappears."

"*Quare tam malis a te, Lentine, diebus
Non abeat febris, quæris, et usque genus.*"

"Now she goes to promenade with thee; she goes to the baths; she eats mushrooms, oysters. She drinks Falerno and Sebia continually; she drinks Cecuba that is iced; she only rests on amomum;¹ she only sleeps on feathers and purple."

"*Gestatur tecum pariterque lavatur,
Coenat boletos, ostrea, sumen, aprum,
Ebria setino fit saepe, et saepe Falerno;
Nec nisi per niveam Caecuba potat aquam
Circumfusa roris, et nigra recumbit amomo;
Dormit et in pluma, purpureoque toro.*"

"She has the air of pleasing thee; she is so well treated by thee, wish thou by chance that thy fever were given to Dama?"

"*Quum si pulchre, quum tam bene vivat apud te,
Ad Damam pobini vis tua ferris erat?*"

Who was this Dama? A poor devil, one who went barefooted, an incomparable artist, a starved poet, who had no fever, and whose stomach well digested all it got.

Martial says to citizen Parthenopeus: "Thy physician has prescribed honey, sweet almonds, bon bons and all that quiets children to soften thy throat and relieve thy obstinate cough, that is slowly destroying thee."

"*Leniat ut fauces medicus, quas aspera vexat
Assidue tussis, Parthenope, tibi,
Mella dari, nucleosque jubet, dulcesque plac-
entas,
Et quidquid pureos non sinit esse truces.*"

"Despite this thou coughest all day; it

¹ Amomum is an herb, of an aromatic kind, originally derived from hot climates.

is not a cold, Parthenopeus, that makes thee ill; it is gourmandizing."

It is certain the Romans were gastronomics, and the gout did not spare them, as we know. If it was not the gout it was chiagra—

"*Litigat et podagra Diodorus, Flacce, laborat.
Sed nil patrono prorrigit; hic chiagra est.*"

Martial makes us see at once that he knows full well that chiagra in the hands is the same that podagra, or gout, is to the feet.

To prevent gouty arthritis the Romans were in the habit of having the articulations massaged before and after meals.

[Concluded next week.]

Alcohol a Poison, Not a Food.

Dr. Howard S. Anders, of Philadelphia, says: "I hold that our modern knowledge of alcohol in the human body justifies the belief that in health it is never a food in any sense, be the quantity large or small, but always a poison, biologically or physiologically speaking; that in disease it is neither a food nor a poison, but may be a suitable and helpful drug, and that neither in the last analysis nor fullest synthesis, in health or disease, is it a 'partial food,' in small, so called moderate, or excessive quantities. Let us call it what it rightfully is, *a drug, and not a drink, a narcotic, and not a tonic.* It may take a generation or two before this view becomes as universal as one might wish, but I hope and believe that then it will so become."

—*Philadelphia Med. Journal.*

Hiccoughing.

Noir reports an immediate cure of an attack of hiccoughing by means of continuous traction on the tongue for one and a half minutes. The patient, a nervous child, had been hiccoughing almost uninterruptedly for six hours. She had failed to respond to the various remedies applied, and was greatly exhausted. There was no recurrence.—*Med. Times.*

CYANOSIS with a weak and rapid small pulse, low arterial tension, great feebleness of the heart's action, demands digitalis. This is especially true where the lungs are involved in disease. —*Med. Summary.*

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SATURDAY, MAY 4, 1901.

CARE OF THE BOWELS BEFORE AND AFTER ABDOMINAL SECTION.

Some years ago, when abdominal sections were rarely performed, proper attention to movements of bowels was not given, while at the present time every surgeon gives careful attention to cleanliness of the intestinal canal. It is of the greatest importance as an ante- and post-operative procedure. No drug is so efficacious, so thorough in its action, as calomel, and while there are some slight differences as to methods of administering and dosage, it is the drug now universally prescribed. The patient, being under charge a week before operation, should receive three or four small doses of calomel, as one-tenth to one-fourth of a grain every other day, and this followed by small doses of salines, will cleanse the intestinal canal of the many hard little scybalous masses, and yet in no way interfere with the patient's strength or vitality. In operations where time is a factor, calomel, five to ten grains, followed by a saline, is the usual method resorted to. Our forefathers used calomel in heroic doses, but at the present time it is small doses, as one-tenth of a grain given frequently, this followed by one of the salines. The results are more certain and with no deleterious after-effects.

A very serious mistake is sometimes followed out, namely, that of depleting the patient for days before the abdominal section by giving frequent brisk cathartics and restricting the diet. No graver error could be committed, as a patient so treated rallies from the operation very slowly, and there is no doubt that here and there the whole system is so relaxed, so debilitated, and the power to recuperate so feeble, that the shock cannot be overcome. Much care must be used in securing movements of the bowels in the aged, broken-down alcoholics and those who are physically weak from some prolonged illness, as they will need all of the reserve force at their command to withstand a major operation. The morning of the operation the lower bowel is thoroughly cleansed by an enema of warm water.

All surgeons realize the importance of prompt movement of the bowels after operations, and the so-called third-day treatment—that is, giving a cathartic to secure a movement on the third day—was a practice long in vogue and is still followed out by many. Kelly says that he has often noticed that surgeons grow too anxious and work too hard to get the bowels moved for the first time. If the patient is well in other ways it need cause no worry if the bowels do not respond as late as the fifth or sixth day. As a routine treatment he gives on the evening of the second day something to move the bowels, and claims that calomel is an excellent drug. Most operators, however, do worry if the bowels do not respond to the action of drugs, especially where tympany is increasing, and to overcome the latter many resort to calomel soon after section, and to this class the writer belongs. In my humble opinion a good rule to follow out is, the graver the case the sooner calomel, the milder the case the later calomel. In some cases, especially septic ones, a good dose of calomel within six hours after operation often produces a free

movement, and this no doubt has some tendency to ward off paralysis of the bowels. The writer has seen two cases where he is of the opinion that if catharsis had been resorted to soon after the section at least one, if not both, lives would have been saved. No matter how brave the operator, or how many times he has opened the abdominal cavity, when he is cognizant of the fact that the patient's bowels respond to the cathartic given, there is a sense of relief, and this feeling comes to all who do surgical work. The peritoneum absorbs and overcomes large quantities of pyogenic bacteria, and we are now beginning to understand this wonderful structure, and know something of its value as an aid toward recovery, but from a prognostic standpoint there is no surer sign that recovery will follow than a prompt result when calomel is administered.

M. A. T.

CHRISTIAN SCIENCE VERSUS THE CLERGY, MEDICINE, ET AL.

There is growing evidence that the various Evangelical bodies of the United States are about to make war upon the followers of Mrs. Eddy. The celebrated Dr. Parkhurst, of New York, denounces her as a fraud and her followers as liars, and the Rev. James M. Buckley was scarcely less severe. So the Methodist and Presbyterian churches were against her when the Baptists loudly applauded the sensational utterances of Rev. Alfred G. Lawson, of that communion. No wonder that clergymen are so alarmed at the loss to their calling! An estimate made for a period of ten years gives the following statistics:

	1890.	1901.
Number of church societies.....	94	623
Number of chartered educational institutions	33	79
Number of public reading rooms..	27	283
Copies of Christian Science textbooks in circulation.....	50,000	205,000
Estimated value of church property	\$12,000,000	

These are the official figures.

That orthodox Protestantism has been the church to suffer the most there can be no doubt.

There has been much comment, newspaper and medical journalistic, on so-called "Christian Science." That the former should take notice of the strange doings of a new religious sect is not remarkable; they give space to all that is new and sensational. But now that the religious press has taken up the cudgel against what orthodox Protestantism deems a heresy, the secular press, will directly lose further interest in the subject. In Baptist circles Christian science is looked on as a fad like Irvingism and Plymouth Brethrenism. Among Presbyterians the Rev. W. I. McKittrick, of the First Presbyterian Church of St. Louis, holds that "it is a mixture of bad metaphysics and half-baked pantheism. I don't think Christian Science is either Christian or science."

The Rev. Warren Partridge, of the Ninth Street Baptist Church of Cincinnati, states: "The Baptists are opposed to Christian Scientists as proselyters seeking to undermine the evangelical institutions of the country by getting their members from other churches. The Dowellites are Christian Scientists. The only difference is in the name. There is neither Christianity nor science in their doctrine. They commit a crime when they allow people to be exposed to contagious diseases, saying they are harmless, and then accusing persons who succumb to disease of being lacking in faith."

Dr. P. S. Henson, of the First Baptist Church of Chicago, claims that Christian Science, "is a damage to the bodies of men by inducing them to refrain from giving medical attention necessary to the proper care of the body; it is a damage to the souls of men by persuading them they are not sinners when they are, and so causing them to neglect salvation; therefore, through the Christian Science delu-

sion a man may lose both his body and soul." This is something awful when viewed from an orthodox standpoint.

The Rev. I. C. Morris, pastor of the First Methodist Church of Memphis, states: "The Methodist Church is opposed to what is called Christian Science. As a religion it is neither Christian nor scientific. It is a fake that will pass away from being ignored.

The Rev. Thomas S. Potts, of the Central Baptist Church of Memphis, remarks that "the healing virtues of Christian Science may be good if the patient has no ailment."

The Rev. Charles M. Boswell, of Philadelphia, holds that "Methodists consider the doctrines of Christian Science exceedingly dangerous, spiritually and physically."

The Rev. Byron H. Stauffer, pastor of Grace Methodist Church of Buffalo, states that "the death of Mrs. Eddy, when it comes, will split the forces that are now held in a phalanx by the supreme will of a leader. The remnant will hold to the doctrine, will deify Mary S. Baker Eddy, and give her a place even above the Virgin Mary. The Christian Scientist has seized upon an old truth and gilded it with superstition's crown."

So it seems that there is to be an American Saint Eddy in the bright days of the future.

In Denver \$250,000 is about to be expended in the erection of a Christian Science temple. It is said to be a strange fact that in Colorado many followers of the cult were former Roman Catholics. In esthetic Boston, from 1889 to 1901, Christian Scientists increased from 26 members to a membership of over 20,000.

The new sect has spread into England, Australia and even Germany.

This contagious religious epidemic will die out sooner or later if let alone. Meantime there are questions arising that will need careful handling. For instance, in

the case of the death of a Christian Scientist without a medical attendant only a coroner's jury can determine the real cause of death, and this after an autopsy made by a skilled pathologist, who should take out all the organs and examine them carefully before rendering his official report. No one can deny the right of an adult Christian Scientist to die according to his faith; any attempt on the part of health authorities to keep them from dying should be promptly resented. They have the right to die wherever they choose, without any medical attendance; in fact, in some of the alleged schools of medicine the system of treatment is about as nihilistic as the faith cure. Regular medicine will not suffer at the hands of Christian Science any more than it has done from the patent medicines (abortive and otherwise), that are widely advertized in all the leading religious newspapers of the country through clerical agency. The portraits of eminent divines who have been benefited by numerous proprietary medicines that almost all contain morphine, cocaine and especially alcohol, are so common that they are scarcely noted. Certificates from the clergy for these same kind of tonics are largely published, too, in even alleged temperance journals. It is a safe thing to say that the vast majority of Christian Scientists are persons who have abandoned the patent medicine class and now seek consolation elsewhere. We sympathize deeply with those clergymen who are so unduly excited as to consider their calling gone; they will continue to play Hamlet long after the Eddy ghost disappears. Meantime, the world will continue along about as usual; the sun will rise in the East and set in the West, and when the average inhabitant of Earth feels a bellyache and deems it perhaps a case of appendicitis, he will send for a doctor forthwith. Even many Christian Scientists will, in times of severe bellyaches, recant the medical part

of their heresy and send for the nearest physician. What says Ecclesiastus?—

"Honora medicum, propter necessitatem etenim illum creavit altissimus." (Honor the physician, for thou hast want of him, for he was created by the Most High.) Or yet, again, the Eddyites might read: "*A Deo est enim omnis medela et a rege accipiet donationem.*" (From God comes all medicine, and the king shall give him give him presents.)

"Disciplina medici exaltabit caput illius et in conspectu magnatorum callandabitur." (The science of the physician shall raise his head, and in the presence of princes he shall be praised.)

"Ad agnitionem honcinum virtus illorum et Altissimus dedit hominibus scientiam, honorari in mirabilibus suis." (So the knowledge of men are the virtues of the Most High given to men of science, to honor him in his wonderful works.)

"Etenim Dominus creavit illum et non discidat a te, quia opera ejus sunt necessaria." (For the Lord created him, and he will not abandon thee, because that his works are necessary to thee.)

And again, awful, awful thing to contemplate: "*Est enim tempus quando in manus illorum ineedas.*" (There is a time when thou shalt fall into his hands.)

We are well aware that Israelites and Protestants regard Ecclesiasticus as apocryphal, but Saint Jerome informs us that he once had a Latin version of the original under his eyes. Talmudic scholars have also recognized portions of this primitive work, that it is as much inspired as any other portion of the sacred book. We should be willing to accept it, as it is the best advocate of the physician and his practice to be found in Scriptural writings. Yet, meantime, Mrs. Eddy may also quote Ecclesiasticus, for not only are doctors and drug-taking praised, but also prayer, for we read: "*Fili in tua infirmitate, ne despicias te ipsum; sed ora Dominum et ipse curabat te.*" (My

son! in thine infirmity despair not, but pray to the Lord and he will heal thee.)

There is a consolation for doctors in all this religious controversy. The orthodox churches hold that Christian Science is a most sinful thing. What says our good Ecclesiasticus organ?—"Qui delinquit in conspectu ejus que fecit eum, incidet in manus medici." (Those who sin in the eyes of the Creator shall fall into the hands of a physician.)

Saint Eddy made a mistake in tangling up her medicine with her theology. Water and good wine should never be mixed. We give the Saint a quiet "tip": Drop the medicine part and avoid coroners' inquests and the after post-mortem.

T. C. M.

EDITORIAL NOTES.

CORONER'S REPORT ON THE DEATH OF JUNE HORNEY, WHO DIED DESPITE LAYING ON OF HANDS.—The following is taken from the *Cincinnati Post*:

Coroner Schwab Wednesday, April 18, rendered a sensational verdict in the case of the recent death of June Horney, the seventeen-year-old daughter of Edward C. Horney, of 3500 East Water Street, Pendleton.

Horney is a devout Dowieite, or Christian Catholic, and when the girl sickened of dropsy he and his wife prayed over her and sent for Elder Voliva, of the Christian Catholic Church. He prayed for her and laid on his hands, but without avail, and the girl died April 18.

The girl worked in a suspender factory, and had been well up to a few weeks of her death. At the inquest the father intimated that he thought God had taken her away because she had not liked her father.

In his verdict, which follows, Schwab scores Dowieism and faith-healing in general, and points out the uses of physicians and medicines:

I, the undersigned, Coroner of Hamilton County, Ohio, having duly inquired into as to how and by what means June Ethel Horney, white, female, aged seventeen years, single, occupation, seamstress; nativity, Cincinnati, Ohio; residence, No.

3500 East Water Street, Cincinnati, Ohio, whose dead body was found at residence on the 18th day of April, A. D. 1901, came to her death.

After having examined said body and heard the evidence, I do find the deceased came to her death from pulmonary edema.

The cause of this fatality is based upon description of the symptoms, observed by the mother during the hours preceding the death of her young daughter.

For a period of four weeks the deceased, a young lady scarcely seventeen years of age, suffered with fever, headaches, general pains, sore throat, offensive breath, nose bleeding and other conditions indicating the presence of an acute infection.

During the progress of the illness there was noticed more or less cough with bloody sputa, considerable shortness of breath, swelling of the lower extremities and extreme pallor.

As the hour of dissolution approached the unfortunate child was obliged to be propped up in bed because of inability to breathe, and crackling sounds in the lungs were heard during each act of respiration. She was noticed to be quite restless, and while the tired mother was asleep for a few minutes deceased left the bed to sit in a chair, and, resting her head on the couch in front of her, passed into silence. In this position she was found by the father, who had temporarily left the room.

During the entire illness she was cared for by her parents, and the treatment followed was the administration of food and drink and the saying of prayers.

The food and drink were suggested by an elder of the Christian Catholic Church, who also prayed and blessed.

From the evidence offered it would appear that the parents are perfectly satisfied with the method of treatment adopted for the relief of their stricken child and unfeelingly attribute the failure to heal to disobedience in not perfectly using the light, which, they maintain, deceased had received from God.

Whether the result would have been different under the intelligent direction of one among the many whose lives are dedicated to the loving service of humanity, this inquiry will not determine, but to explain the sad outcome in the absurd manner the parents have attempted is as cruel as it is adroit.

Their explanation, if it reflects the teachings of their church, implies the existence of an angered Deity, who refused the petition for restoration to health to a smitten child because of fancied disobedience. Such doctrine is unnatural and unmerciful; it destroys the solacing influence of prayer, and makes of religion the merest travesty.

The State may not require of our citizens what treatment to adopt for the deceased body, nor does it pretend to prescribe what care shall be taken of the soul, but it has given to men of science every encouragement in their exertions to prevent destructive scourges and to correct them when they occur.

By their efforts contagion has been arrested in its spread, and infected bodies have been humanely treated, nursed and nourished; bodily injuries and deformities have been corrected and cellular growths removed by no other means than the exercise of that genius which the Master has evidently given man to designate him the most intelligent of all his creatures.

The appeal of this department is to the people in the interest of the sick: Give to the innocent babe struggling in convulsions, the precious wife in the hour of her travail, the beloved daughter, helpless with disease, the consumptive in her despairing hours; indeed, the afflicted in all conditions of life, the benefit of skilled human aid, for in the case of the least of these there is more religion than in all the petitions to God to repeat the miracles recorded in the Holy Writ.

Louis SCHWAB, Coroner.

AMERICAN PROCTOLOGIC SOCIETY.—
The third annual meeting will be held at Hotel Aberdeen, St. Paul, Minn., June 4 and 5, 1901. The programme is as follows:

FIRST DAY.

Meeting of the Council, 1:30 P.M.

Executive meeting.

President's Address. Dr. James P. Tuttle, M.D., New York.

Primary Tuberculosis of the Rectum and Anus, with Report of Cases. Dr. Leon Straus, St. Louis.

Disease of the Sigmoid. Dr. George B. Evans, Dayton, O.

Report of Two Cases of Valvotomy. Dr. Samuel T. Earle, Baltimore.

Treatment of Prolapse of the Rectum. Dr. J. Rawson Pennington, Chicago.

Foreign Bodies in the Rectum, with Report of a Case. Dr. Lewis H. Adler, Jr., Philadelphia.

A Study of Simple Ulceration of the Rectum from a Clinical Standpoint. Dr. A. Bennett Cooke, Nashville.

A New Method for the Painless Removal of Hemorrhoids. Dr. Thomas Charles Martin, Cleveland.

Anal Pockets. Dr. Louis J. Krouse, Cincinnati.

The Treatment of Recto-Colitis. Dr. William M. Beach, Pittsburg.

Paper. Dr. George J. Cook, Indianapolis.

NORTH KENTUCKY MEDICAL SOCIETY.

—The 149th meeting will be held at Walton, May 9, 1901. The programme is as follows:

1. Reading minutes.
2. Reception of new members.
3. Erysipelas. Dr. D. M. Bagby, Walton. Discussion—Dr. J. F. Loomis, Independence. General discussion.
4. Management of Normal Labor. Dr. C. S. Simpson, Mason. Discussion—Dr. J. F. Daugherty, Schuler. General discussion.
5. Rubeola. Dr. A. H. Clifford, Knoxville. Discussion—Dr. H. C. Lassing, Union. General discussion.
6. Tonsillitis. Dr. A. D. Blaine, Dry Ridge. Discussion—Dr. W. A. Scroggin, Dry Ridge. General discussion.
7. Report of clinical cases.
8. Unfinished business.
9. New business.

WESTERN OPHTHALMOLOGIC AND OTOLARYNGOLOGIC ASSOCIATION.—The following officers were elected at the Sixth Annual Meeting, held in Cincinnati April 11 and 12: Dr. C. R. Holmes, Cincinnati, O., President; Dr. W. L. Dayton, Lincoln, Neb., First Vice-President; Dr. J. O. Stillson, Indianapolis, Ind., Second Vice-President; Dr. H. W. Loeb, St. Louis, Mo., Third Vice-President; Dr. O. J. Stein, 100 State Street, Chicago, Ill., Treasurer; Dr. Wm. L. Ballenger, 100 State Street, Chicago, Ill., Secretary.

At the meeting in Cincinnati the scientific programme was of very high grade. Forty new members were elected. The next meeting will be held in Chicago, April 10, 11 and 12, 1902.

THE fifty-seventh annual meeting of the American Medico-Psychological Association will be held at Milwaukee, Wis., June 11 to 14, 1902.

Current Literature.

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Ruptured Traumatic Aneurism of the Femoral Artery Due to Gunshot Wound; With Report of a Case.

A traumatic aneurism is the result of a blow, gunshot, or any form of injury to the walls of an artery sufficient to produce dilatation, or a complete rupture of its coats. The injury may be so slight as to rupture only the inner coats, producing a fusiform, or sacculated aneurism. There may be a partial or complete division of the continuity of the vessel causing a false aneurism. There may also be a rupture producing the burst variety.

It is always a serious condition, the gravity depending upon the size of the artery, the locality, and the general condition of the patient. The most typical false aneurisms are found in the extremities, especially in the femoral, as wounds of this artery are frequent.

Diagnosis.—The diagnosis is not difficult owing to the exposed position of the vessel. The chief symptoms are a tumor, a bruit, and pain neuralgic in character, associated with the history of an injury. The diagnosis is sometimes obscured by an abscess, the wound having been infected by exposure to air. A femoral aneurism has been mistaken and opened for a psoas abscess. This seems inexcusable, as when any doubt exists, a positive diagnosis can be made by using an aspirating needle.

Treatment.—Many of the forms of treatment which are applicable to other aneurisms, and for which good results are claimed, are contra-indicated in traumatic aneurism in the femoral. Diet, drugs, acupuncture, galvano-puncture, needling (McEwan's method), compression, digital pressure, introduction of foreign bodies into the aneurismal sac, as fine steel or silver wire, catgut or silk. Subcutaneous injections of a solution of gelatine and salt solution, are methods best employed in inoperable aneurisms. Compression, either mechanical or digital, is difficult to carry out, is seldom successful, and often dangerous. The best treatment is ligation. It is applicable in a greater number of cases than any other

method, and offers a better prospect of success. The dangers to be guarded against are hemorrhage, gangrene and sepsis. Several different methods have been employed: 1. Distal ligature; 2, Proximal ligature; 3, Double ligature. The operations of Wardrop and Brasdor illustrate the distal method; those of Hunter and Anel, the proximal, and that of Antyllus, the double. The latter was introduced during the fourth century, and consisted in ligating above and below the injured portion. The aneurism is then opened and the sac emptied. This operation was practiced for several hundred years, until the eighteenth century, when it sank into obscurity, but has recently been revived, and many of the most distinguished surgeons of the present day are its earnest advocates. Excision of the sac is recommended, the arguments in favor of it being that harmful pressure of the sac upon the adjacent structures is removed, the chance of recurrence of the aneurism is lessened, and the probability of gangrene is diminished. Proximal ligation, however, is considered by a great many of the very highest authorities to be the best operation for aneurism of the femoral.

Statistics.—The “Medical and Surgical History of the War of the Rebellion” (Surgical Vol. II, Part III, by Otis and Huntington, Surgeons U. S. A., page 8) states that there were 58,702 cases of shot wounds of the soft parts of the lower limbs. As nearly as can be approximated 26,000 were in the thigh, about 21,000 in the leg, and about 10,000 in the foot. Of this number, only 156 instances of injury of the large blood-vessels of the lower extremity, or 2.6 per cent. per thousand, were reported. In a summary of 127 cases of ligation of the femoral, for hemorrhage unattended by fractures, there were 91 deaths, a mortality rate of 71.7 per cent. (p. 47). There were 74 cases of traumatic aneurism of different arteries, with 23 recoveries, and 51 deaths—a mortality of 68.9 per cent.; 42 of the 74 cases were treated by ligation, of which number 13 recovered and 29 died. In 32 cases there was no ligation, with 10 recoveries and 22 deaths. Of the 74 cases only 20 were of the femoral, with 5 recoveries and 15 deaths. In 16 of the 20 ligation was employed, with 5 recoveries and 11 deaths. In 4 cases there was no ligation, and all

died (p. 808). It will thus be seen that there were only 5 cases of traumatic aneurism of the femoral during the Civil War, in which the patient's life was saved. In the “Medico-Surgical Aspects of the Spanish-American War” (p. 130), Senn reports two cases of traumatic aneurism on the “Relief,” one an aneurismal varix (case 23), the other aneurism of the femoral (case 24). Neither was operated on, apparently. One is now on the retired list (case 23). The subsequent history of the other is unknown. In the “Report of the Surgeon-General for 1900” (p. 298), two cases are recorded during the year 1899 of ligation of the femoral for flesh wounds, the patient recovering in one case, a Mauser wound, and dying in the other, a Remington wound. In the same report (p. 327), a case is reported of traumatic aneurism of the femoral due to a Mauser wound, received at Tarlac, P. I., December 21, 1899. The external iliac was ligated (January 3, 1900), and four days later the leg was amputated at the hip-joint. Patient recovered. The reports of the Anglo-Boer war are incomplete as yet. So far I have only been able to find a record of one case reported by Deputy Inspector-General H. T. Cox, R. N., in the *Lancet*, London, 1900 (II, p. 1074), an aneurismal varix of the femoral artery and vein, caused by a Mauser bullet. This man was wounded at Graspan, S. A., November 25, 1899. The femoral artery was tied at the Royal Naval Hospital, Plymouth, England, April 10, 1900. Discharged to duty June 1, 1900, with full use of limb.

Report of Case.—The following case occurred in my service at the U. S. General Hospital at Ft. McPherson, Ga., during the Spanish-American war: William H. Buckley, private, Battery A, 6th Artillery. Sent from Ft. Clinch, Florida. I first saw him August 30, 1898, and found a pulsating tumor of the left femoral in Hunter's canal, about the size of a duck's egg, with a well-defined bruit. He gave a history of having been shot through both thighs with a 38-calibre bullet, on the 18th of July. The bones were uninjured. He had estivo-autumnal malaria, which, in addition to the fatigue of the journey, suggested the propriety of a few days' rest and treatment before operating. When I saw him the following morning (August 31, 1898), the

aneurism had burst, there was great edema and extensive extravasation, and the pulsation in the two tibials was hardly perceptible, a condition rendering an immediate operation imperative. I was assisted by Major Fry, U. S. V., and Capt. Flagg, U. S. A. The anesthetist was Acting Asst. Surgeon Rupert Norton. There were present Major Blair D. Taylor, Capt. Purviance and Lieut. Schriner, U. S. A., and a number of Acting Assistant Surgeons. An Esmarch tourniquet was applied, a four or five-inch incision was made, and a proximal ligature tied. Several handfuls of blood clots were removed. Before operating, I thought I would tie above and below, and dissect out the sac. The rupture was so complete that the walls of the aneurism came away with the clotted blood. I decided not to prolong the operation by applying a distal ligature, but to depend upon the proximal ligature. The wound was thoroughly cleansed and closed, the limb was enveloped in cotton, and slightly elevated, hot water bottles applied, and continuous heat kept up, a special day and night nurse being detailed for that purpose. Primary union occurred. Collateral circulation was eventually established, and he made a good recovery. His general health improved rapidly, he gained in weight, and his malaria disappeared under appropriate treatment. He went home on a furlough six or seven weeks later. When I last saw him the circulation was excellent, there was no atrophy of the muscles, no impairment of function and nothing but the tell-tale cicatrix to suggest what had occurred. In a letter received from him a few days ago, dated Troy, N. Y., March 1, 1901, he says: "My leg is in fine shape, and never gave me any trouble to amount to anything. It feels strong and does not bother me. I have never rubbed, or done anything for it since I came home. I am a brick-layer, and work about every day, and am out in all kinds of weather, so I think the leg is all right, with all thanks to you." After a careful search of the reports and records, I was surprised to find that this was the only case of successful ligation of the femoral for traumatic aneurism due to gunshot during the Spanish-American War, or, so far as I have been able to ascertain, in the Philippines, or China, up to the present writing, and it is also one of the very few on record in

any war. In looking up the literature on the subject, it appears that while traumatic aneurism of the femoral due to gunshot is not uncommon, ligations are usually followed by gangrene, and subsequent amputations, and that it rarely happens that the limb is saved, particularly when the aneurism is of the ruptured variety. The conclusion seems justifiable, therefore, that while the very heavy mortality during the Civil War was due in a measure to a lack of modern aseptic and antiseptic methods, the chief difficulty was the non-establishment of collateral circulation, and even now, with a technique well nigh perfect, the same danger exists.—WALLACE NEFF, M.D., in *Philadelphia Med. Journal*.

School Boards and Medical Out-Patients.

National education has taken a first place among the living forces of social evolution, but there are still many gaps in the school board system wherewith the legislature has attempted to cut the Gordian knot. Perhaps one of the most pressing problems is how to apply the well-recognized principles of preventive medicine to the control of the schools, so that they may not become acute centres for the spread of infectious disease. On the whole, it seems likely that nothing short of systematic medical inspection will satisfy the requirements of the situation. How else are early and doubtful cases of scarlet fever, diphtheria, measles, whooping-cough, and other communicable diseases to be weeded out? So far as ringworm is concerned, in most schools there appears to be no means whatever adopted to prevent the spread of the disorder; ringworm, for all that, is a chronic, most intractable, highly contagious and disfiguring disorder, entailing both present and future disabilities upon the unfortunate victims. The question, moreover, of medical certificates has never been satisfactorily settled. It has been again and again contended that any school board demanding such a document should pay for it, and that there is nothing in the education acts making such payment compulsory upon the parents. A case of the kind arose not long since at Westminster, where the father of a child suffering from whooping cough was summoned for not producing a medical certificate. Unfortunately, the case was withdrawn without obtaining a legal decision

upon this important point. Meanwhile, it is clear that medical men are entitled to a fee for drawing up a medical certificate in the case of board school children, and their wisest course will be to refuse to grant any such document in the absence of fair remuneration.—*Med. Press and Circular.*

CLASS REUNION, JEFFERSON MEDICAL COLLEGE GRADUATES OF 1891.—It has been ten years this month since we graduated at the Jefferson Medical College, Philadelphia. I know you have not forgotten the old college days, and would be delighted to meet with the "boys" and enjoy a reunion for a day or two. Inasmuch as there is a special rate to Buffalo all the summer, and as ten years have passed since we launched our professional boats upon the sea of life, I have decided to arrange for a class reunion if it meets with your approval. I have already been in correspondence with the Dean of "Old Jeff" and a few members of the class and they favor the plan. In order to get an expression from all members of the class, I have prepared the following queries and ask that you reply to them promptly; writing in detail any suggestions you may have to offer in reference to the same.

1. Do you think it probable that you will attend?

2. What time between June 15 and September 1 would suit you best?

3. Would you prefer meeting in Philadelphia or Buffalo?

In case the replies justify the undertaking, I shall begin arranging for a programme of exercises and entertainment, through the graduates in Philadelphia and the faculty of the college. A full letter will be sent out later. Please do not lay this aside; but answer promptly and in detail, and let's meet in the "City of Brotherly Love" and have a jolly good time for a few days.

Yours fraternally,

MATTHEW M. SMITH, M.D.,
President Class 1891, J. M. C.

101 West Sixth Street, Austin, Texas.

FOR the protection of the medical profession Oakland hydrogen dioxid will hereafter be known as *Dioxogen*.

The change of name has become imperative both to protect the physician from inferior solutions and to preserve the reputation of the product itself.

The therapeutic value of hydrogen dioxid depends solely on the purity of the solution. In its manufacturing details no drug or chemical demands more exact attention and none suffers more from carelessness or ignorance of its physical qualities.

Dioxogen will continue in the future as in the past to answer all the requirements of a perfect antiseptic and disinfectant.

Miscellany.

SPRINGTIME MEDICAL RHYMES AND JINGLES.

COLLECTED BY T. C. M.

Is It Springtime in Ohio.

EDITH M. THOMAS.

Is it spring again in Ohio—

Is the sleep of the winter over?
Far in the heavens the bluebird,

Low in the marshland the plover;

Anear, in the orchard the redbreast—

Wherever one looks, the hover

Of wings—wherever one listens,

The note of the homing rover!

Is it spring again in Ohio?

Is it spring again in Ohio,

And sleep of the winter over!

Blooms in the woods the wild service?

Where zephyr bendeth above her,

Gleams the faint dawn of the wind-flower?

Breaks from the turfу cover

The tender star of the thistle—

The dew-cradling leaf of the clover?

Is it spring again in Ohio?

Is it spring again in Ohio,

And the sleep of the winter over?

Are these the rare days—O, my comrade—

Blitest for homing rover?

Once would we forth—and follow

Far as the cry of the plover—

By stream, and by greening pasture,

By fallow, and breezy cover!

Is it spring again in Ohio?

Is it spring again in Ohio,

Is the sleep of the winter over?

Say to each wakening beauty,

I am, as ever, its lover,

Hourly, from far saluting:

I, too, were a homing rover,

If I, from the sleep of the winter,

All that I loved might recover!

Is it spring again in Ohio?

—New Lippincott.

The Mint Julep.

C. F. HOFFMAN.

'Tis said that the gods, on Olympus of old
(And who the bright legend profanes with a
doubt),
One night, 'mid their revels, by Bacchus were
told
That his last butt of nectar had somewhat run
out.

But determined to send round the goblet once
more,

They sued to the fairer immortals for aid
In composing a draft, which, till drinking were
o'er,
Should cast every wine ever drank in the shade.

Grave Ceres herself blithely yielded her corn,
And the spirit that lived in each amber-hued
grain,
And which first had its birth from the dew of
the morn,
Was taught to steal out in bright dewdrops
again.

Pomona, whose choicest of fruits on the board
Were scattered profusely in every one's reach,
When called on a tribute to call from the board,
Expressed the mild juice of the delicate peach.

The liquids were mingled while Venus looked on
With glances so fraught with sweet magical
power,
That the honey of Hybla, e'en when they were
gone,
Has never been missed in the draft from that
hour.

Flora, then, from her bosom of fragrance, shook
And with roseate fingers pressed down in the
bowl,
All dripping and fresh as it came from the brook,
The herb whose aroma should flavor the whole.

The draft was delicious, and loud the acclaim,
Though something seemed wanting for all to
bewail;
But Juleps the drink of immortals became,
When Jove himself added a handful of hail.

—*Virginia Medical Journal.*

Anesthesia.

What a day of rejoicing this world would have
known,
If all men from the clown to the king on his
throne
Could have sat in that dingy old hospital room,
'Mid the silence and horror, and danger and
gloom,
And have seen that first case of sweet dreaming
and sleep,
While the glittering knife was thrust slant-wise
and deep
Into slumbering tissues, and time and again,
Thrust in without waking the Demon of Pain;
While up to that day, through the pain-burdened
years,
No man had been found who could master his
fears,
And hand himself over, his body and life,
To the dangers and agonies born of the knife.
Up to that gravid morn, had the world stood
aghast
At the horrors that haunted all men to the last,
As they saw the Pain-Demon, with death in
his touch,
Hold strong men and feeble alike in his clutch;
And rack them and rent them, unheeding their
cry
Echoed back as in scorn from the pitiless sky.
But on that mighty day, from the throne of
the world
The king of affliction was hurried and hurled.
Making way for another with kindlier face
And deeper concern for the good of the race.
"King Somnus," men cry, and their laudations
ring,
"Dethroned is the Demon; exalted the King!"

He comes to the child that in agony screams,
And tickles its fancy with beautiful dreams;
And soothes the care-laden and agonized man;
Abating the dangers and risks that he ran;
And stands by sweet womanhood, ready to vouch
For less thorny pillows on motherhood's couch;
And he gives of his bounty a blessing, hand-
free,
To all of pain's victims by land and by sea,
And calls to all men, on the height, on the deep,
"Forget now thy anguish and sleep, sweetly
sleep!"

—*International Journal of Surgery.*

Hey, Rube!

H. SAVILLE CLARK.

Where the bright Influenza is wooed by Iritis,
And Psora joins Measles in "Beautiful Star."
Oh! bright gleams the eyes of that flirt, Ery-
thema,
And lightly Pneumonia whirls round in the
dance,
Pleuritis is madly in love with Edema,
And Herpes courts Cholera with amorous
glance.

And old Mrs. Scabies told Mr. Phlebitis
She'd brought Melanosis at last to the point;
You know he's six thousand a year; (Laryngitis
Will find that his nose is a bit out of joint.)

Long, long I shall dream of that pet Scarlatina;
She gave me a rose from her rash at the ball,
On that thrice happy night when Miss Gutta

Serena
Kissed Captain Psoriasis out in the hall.

Adieu! sweet Chorea! Farewell! Carcinoma!
Hysteria! My heart with emotion doth swell,
That heart, Anasarca, is thine; Atheroma
And bonny Neuralgia, a lasting farewell!

Arkansas Moonshine.

A. WILLARD TARR, M.D.

The Doctor had laid down to rest
The rain was gently falling;
The time was about eleven ten,
Without some one was calling:
Hello! Oh, Doc! hello again!
Oh, Doc, wake up, Mary Ann's in pain,
And won't you go on double quick,
For Mary Ann is very sick.
The Doctor arose about half awake
And for the stable made a break,
And saddled up his noble horse
And told Jim Bob to take a course.
Jim Bob struck out as Jim Bob can,
For he was a newly married man;
The Doctor followed close behind
And thoughts like these were in his mind—
Why some folks would borrow
And never pay back,
Some people when sick
Would send for a quack,
Some folks were honest
And others would steal,
And few for a doctor

Compassion would feel.
 The Doctor rode on and for thoughts didn't lack
 When all of a sudden they came to a shack
 In the edge of a clearing, about six miles from home,
 When from the interior they heard a low groan.
 Jim Bob said, that's her, she's dying, I believe;
 Oh, Doctor, do something, her misery relieve.
 They entered the shanty, Jim Bob struck a light,
 And there in a corner behold what a sight!
 A hound and six pups was all that they saw.
 Jim said to the Doctor, I believe she is done,
 And when they are weaned I'll present you with one.
 Mary Ann's a good hunter, my wife's name is Liz,
 And won't she be glad when she hears about this;
 She's down at her dad's—Glen Elder's his name,
 A little old farmer, decidedly lame
 In his head, I suppose, but I think him knowing;
 Say Doctor, don't hurry, you'r surely not going—
 But the Doctor had gone.

The Lodge Doctor.*

F. D. BULLARD, M.D.

When the thrifty-minded grocer
 Mixes with his sugar sand;
 When the money-chasing merchant
 Fixes up a shoddy brand;
 When the dollar-loving druggist
 Palms his own concoction off—
 If they, slyly, seek to smother
 Qualms of conscience with a cough,
 One excuse they're sure to offer,
 Tho' a cheap and shop-worn cry:
 "Since the other fellow does it,
 To keep even, so must I."

When the weaver interlaces
 Strands of cotton in the silk;
 When the farmer intermingles
 Handy water in the milk;
 When the sly and tricky jockey
 Sells a man a balky horse—
 If, perchance, from guilty conscience,
 Wells up in his heart remorse,
 He will lull the new born feeling
 Fast asleep and softly sigh:
 "Since the other fellow does it,
 To keep even, so must I."

When the steerer shows a sucker
 Where to play a quiet game;
 When he cheats at playing poker
 Till the jay forgets his name;
 When the barman ladles whisky
 To the poor, besotted fools;
 When the landlord sells his houses
 To impure and vice-soaked tools—
 If the people raise objections,

This lame answer bears the brunt:
 "But the other fellow'll do it
 Just the same, sirs, if I don't."

Now the poor lodge-ridden doctor
 Pleads the same old weak excuse,
 Tho' he knows that contract practice
 Leads to more and more abuse;
 For it steals his colleague's patients,
 Makes himself to be a sneak;
 On his back it puts this label:
 "Taken for two cents a week!"
 So, whene'er he makes a visit
 To a brother of the lodge,
 He must stultify his conscience
 With the "other fellow" dodge.

If to this you raise objection,
 He will peep the old reply:
 "Since the other fellow does it,
 To keep even, so must I."
 Or, perchance, the answer varies;
 He'll exclaim, in accents blunt:
 "But the other fellow'll do it
 Just the same, sir, if I don't."
 So I'll quaff to his confusion;
 I will drink a proper toast
 (Tho' perhaps such bad reflections
 You may think were but a roast.)

Here's to that foolish M.D.,
 Who would for a dollar agree
 To doctor a lodge
 For a livelong year,
 And never to dodge
 Tho' the work be severe;
 May ever he scamper
 His patients to pamper
 At all hours of the day and the night;
 For hives and for phthisis
 May he ever give physic
 To people who call him for spite!

—*California Med. Journal.*

Lese Majestie.

The news it came by cable
 And, of course, it must be true;
 This awful, awful, awful crime
 Turned ev'ry Prussian blue.
 'Tis there they have a Kaiser—
 'Taint like our President—
 We say just everything we please
 And doesn't cost a cent.
 But over there the Kaiser
 Is a sacred bricky-braw,
 You dassant monkey with him
 Or rub him on the raw.
 There was a very little boy,
 He was a child of sin,
 And went to the gymnasium
 Located in Berlin.
 So, little Maxey Lenzmann,
 Who attended at the gym,
 Went right slap up ag'inst it—
 And now we weep for him.
 What Maxey said, what Maxey did
 Can only be inferred,
 Because the cable doesn't say
 Nor bring a single word.
 But out of school they bounced him,
 This German kid, aged ten,

* Read at banquet of Southern California Medical Society, May 3, 1900.

And to no gym, in Prussia
Can he ever go again.
For his crime was mediæval,
So evil, that they say
There ain't no German for it
And its French—"lays majestay."
—Indianapolis Med. Journal.

The Foaming Stein.

What just floors the whole creation
Is a lager brimming stein;
Foaming over, brown or yellow— .
Brings a fellow into line.
Just the thing for each lone medic
Who has taken for a week
In his head the queerest sayings
'Bout green pus and reddish eke,
Murmurs soft and bruit diable,
Fractures, dilocations old,
Circulation of the fetus,
Gonococcus, abscess cold,
Gosh! besides, those fibroid tumors
That with arrogance pretend
To be taken for a baby,
And the signs of such one lend,
Plans for better men and women,
Criminals to be no more
Part excision of a main cord,
Take the evil by its core—
But I've found the cure to straighten
Out these troubling thoughts of mine,
Laws, what wonder, just imagine
Always empty is this stein.

—Chicago Corpuscle.

War—the Pestilence of Years.

DR. RALCY HUSTED BELL.

In the graveyard of the nations, in the trenches
of the slain,
In the lurid smoke of battle, in the steel and
leaden rain,
In the blood of butchered heroes and the needless
moan and tears,
Live the ghastly ghosts of ages, and the pesti-
lence of years.

What is all this grim disorder, all this savagery
of men?
With their mighty murderous engines belching
fire and hell again,
But the madness of the rulers, and the selfish
greed of gain,
And a craven monster feeding on the bleeding
hearts of pain.

O, the children born of women, with their tender-
ness and tears!
Must they turn to beasts of murder at the putting
on of years?
Or is madness of the rulers and the lust of cruel
gain
But the demon-ghosts that wander where the
trenches scar the plain?

What means all this waste of treasure, all the
seas of blood and tears,
Spendthrift children spill through ages in the
seething tide of years?

Is it to assuage some monster, drunk with blood
of babes and men,
Reeling through the halls of pleasure, laughs
and then must drink again?

O, ye babes of winsome women, nursed too
kindly at the breast,
Would ye turn the fangs of hatred on your
brothers like carest?
Have ye had no dreams of mercy, have you
known no pity's tears?
Will you never heed Love's teaching thro' the
red and crazy years?

—The Raven.

The Dangers of Boiled Milk.

It is well, no doubt, to educate the
public in the importance of avoiding the
consumption of raw, *i.e.*, unboiled, milk,
but it is also well to bear in mind that
boiling does not impart to stale or par-
tially-decomposed milk the health-giving
properties of freshly-drawn milk. Boiling
may sterilize milk so far as active, living
organisms are concerned, but it does not
rid the fluid of the toxins elaborated by
them during their brief spell of life. The
irritating effects sometimes observed to
follow the ingestion of boiled milk are
due, in part at any rate, to the presence
of these products. There are, however,
other changes to which boiled milk is
liable. If raw milk be allowed to stand it
turns sour, and the change is accompanied
by the production of a certain quantity of
gas. If milk which has been sterilized by
Pasteurization or by heating to 70° C. be
subjected to the same treatment, the casein
is precipitated as curds mixed with bubbles
of gas, with a distinctly putrefactive odor.
If the milk be boiled before being allowed
to stand the curds fall to the bottom with-
out the formation of gas, and the albumi-
noid substances undergo gradual disinte-
gration. In the case of raw milk lactic
acid predominates; in Pasteurized milk
the ferment is destroyed and replaced by
gas-forming organisms, while in boiled
milk the bacteria are destroyed and their
place is taken by peptonizing organisms
which elaborate products often of a toxic
nature. To prevent this deleterious change
it is recommended, when boiled milk is
not for immediate consumption, a small
quantity of raw milk should be added
thereto.—Med. Press and Circular.

FLUID extract of conium in half-drachm
doses is said to have given good results in
threatened abortion.—Med. Summary.

Book Reviews.

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A Text-Book of Gynecology. Edited by CHARLES A. L. REED, A.M., M.D., President of the American Medical Association, 1900-1901; Gynecologist and Clinical Lecturer on Surgical Diseases at the Cincinnati Hospital; Fellow of the American Association of Obstetricians and Gynecologists; Fellow of the British Gynecological Society, etc.

Many text-books are yearly placed before the profession for their enlightenment; some are a mere rehash from other works and some are of great value. To the latter class of medical works we gladly add Reed's "Text Book of Gynecology." Dr. Reed has associated with him in this work the following well-known writers: Drs. J. W. Ballantyne, J. H. Carstens, M. Cameron, H. C. Coe, J. W. Clark, F. X. Dercum, W. B. Dorsett, L. H. Dunning, F. P. Foster, S. G. Grant, H. A. Hare, M. L. Harris, M. Herzog, R. J. Hopkins, J. T. Johnson, W. G. Johnston, M. D. Mann, T. C. Martin, L. S. McMurtry, D. Millikin, H. P. Newman, W. W. Potter, A. Ravagli, H. Robb, J. F. W. Ross, A. W. M. Robson, J. L. Rothrock, W. J. Sinclair, H. J. Whitacre and E. G. Zinke.

Dr. Reed has placed the writer of the article in the third person, and it is a pleasure to read a book that does away with the stereotyped phrases so common to many text-books now on the market. We also note that this work is free from the common text-book divisions; for instance, a whole chapter is not given the anatomy of the female generative organs, but in the same chapter the malformations of the vulva, vagina and hymen are considered. The serum treatment in women, especially for fibroids, is mentioned, Reed drawing attention to the intimate relation between the thyroid gland and the uterus, but the extent and exact character remains undetermined. The conciseness of the chapter on "Gynecological Armamentarium" is a wise feature, as so many of our text-books on this branch give page after page to the description of numerous instruments. Before each surgical operation the instruments necessary are briefly tabulated, and this appeals very strongly to the operator's assistant, as well as to

the beginner in this field of work. Little space is given to pelvic massage, as this form of treatment seems to be on the wane, but electricity should not be classed in the same category. The chapter on "Injuries to the External Organs of Generation," in which the subject of rape is considered, cannot better be described than that a vast amount of knowledge is condensed in a masterly manner into a few pages. There is no more important chapter in the book than "Infection of the External Organs," and it meets the requirements to the full satisfaction of the reader. In considering injuries to the uterus very interesting cases of gun-shot wounds of the uterus are related. Other chapters which deserve especial mention are "Diseases of the Skin of the Female Genitals," "Neoplasms of the Uterus," "Menstruation and Its Disorders," and "The Female Urinary Apparatus."

Appleton & Co. are the publishers, and they have placed before us a book of 860 well-printed pages, with 356 illustrations, most of which are original and beautifully drawn by Mr. R. J. Hopkins.

We congratulate Dr. Reed on his work, and feel sure that it will be a decided success, as it merits much recognition and is strictly an up-to-date volume.

M. A. T.

→ ←

The Disinfecting Properties of Alcohol and Alcohol Vapor.

G. Frank (*Münch. Med. Wochenschrift*, January 22 and 29, 1901) is of the opinion that the modern tendency to ascribe to this agent only a secondary rôle in the various disinfecting procedures in vogue is not borne out by the facts, and his experiments with anthrax spores seem to justify his views. These very resistant organisms perish in a few minutes after exposure to alcohol or its vapor, and it is worthy of note that the intensity of action is not dependent upon the concentration of the chemical. Most micro-organisms are surrounded by an envelope which, on contact with the strongly hygroscopic absolute alcohol, loses water, and shriveling becomes more resistant, while if a certain amount of water is present, this action does not take place, and the disinfectant more easily gains access to the germ within and its destruction is assured.—*Med. Record*.

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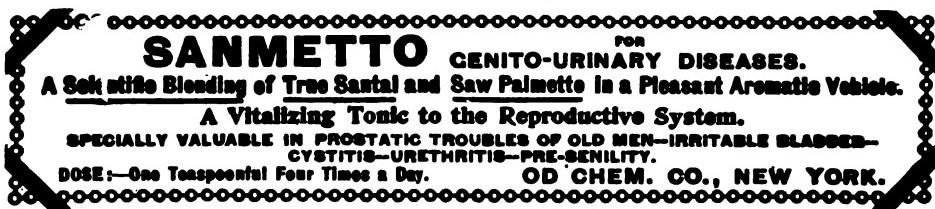
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A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

MAY 11, 1901.

WHOLE VOLUME LXXXV.

"PUS IN THE PELVIS."*

BY F. M. BARDEN, M.D.,
HAMILTON, O.

This subject will surely interest the general practitioner, who has every opportunity to observe the development of inflammatory conditions from the earliest stage up to the time when a well-defined abscess has formed. The anatomy of woman so favors the introduction of infectious matter that she is more susceptible than man. The time of inoculation often dates back many years. This fact will illustrate what a wonderful physician Nature must be, when it so cleverly takes care of anatomical parts by exclusion, occlusion, or elimination of the infection which threatens to destroy a part, if not the entire body.

The variety of bacteria found to be the most common cause of suppuration are gonococcus, streptococcus, staphylococcus aureus and albus, tubercle bacillus, and bacillus coli. Those which are most often found are the gonococcus, streptococcus, tubercle bacillus and bacillus coli.

Accumulation of pus may be found encapsulated in one or both Fallopian tubes, known as single or double pyosalpinx; within one or both ovaries (ovarian abscess); in tube and ovary, tubo-ovarian abscess; combined in a single abscess cavity, or in tube and ovary separately, both on one side or on separate sides; in the wall of the uterus, interstitial abscess; on the floor of the pelvis, in Douglass' cul-de-sac, anterior to the uterus in the cellular tissue, or within the folds of the broad ligament on either side of the uterus, usually associated with a ruptured pyosalpinx or ovarian abscess; behind the peritoneum, in or about the vermiform appendix, and pouching down into the pelvis. We may find pockets of pus between coils of intestines which have been fixed by

adhesions to an old abscess in Douglass' pouch; also around the stump after a tubo-oophorectomy. I have found an abscess in the posterior wall of the uterus extending down into the cervix. Suppuration often develops from a degenerating fibroid tumor of the uterus or ovary, or dermoid cyst.

Pus in the pelvis is usually due to the introduction of infectious micro-organisms through the vagina and uterus, and thence either through the uterine tubes or by direct infection of the lymphatics through the uterine wall and parametrium. The route pursued by the inflammatory process largely depends on the variety of bacteria causing the infection.

The gonococcus usually invades the mucosa along the direct channel that is formed by the vagina, cervical canal, uterine cavity and tubes. The progress of the invasion may be marked by acute exacerbations of inflammation, with the development of pockets of pus at different points. This condition has been noted in the uterine tubes where the infection has invaded the deeper structures of the tube, producing a pyosalpinx with a stricture of the lumen at different points, very much the same as a stricture is produced in the male urethra.

The gonococcus may escape through the fimbriated extremity of the tube and produce a localized pelvic peritonitis, or the ovary may become infected through a ruptured Graafian follicle, with the formation of an abscess in the central portion of the ovary. At the same time there is an absence of pus accumulation in the tube or uterus. Dr. Howard Kelly claims that in gonorrhreal infection the inflammatory process is most invariably confined to the

* Read before the Union District Medical Association, Rushville, Ind., April 25, 1901.

pelvic organs and their immediate environments, rarely causing more than a localized reaction, and never giving rise to general infection. In this I do not wholly agree, for we have many cases of acute gonorrhreal arthritis in the female which corresponds with the same condition found in man.

The history of infection from the streptococcus is different from that of the gonococcus, both in its clinical course and in the route of its extension. Its introduction usually occurs during a badly conducted accouchement, a premature delivery, after an abortion, or is introduced into the uterus by unclean instruments in the hands of some careless physician while making local applications. When streptococci gain entrance into the uterus they may invade the pelvis along the mucosa in the same manner as the gonococci, or penetrate the uterine wall, setting up an acute endometritis, a metritis, and then a parametritis, forming a dense swelling, the occurrence of which usually terminates in an indurated phlegmon, or a pelvic cellulitis with abscess.

Infection from staphylococcus is much more rare than from streptococcus and gonococcus.

The bacillus coli may gain entrance through an infected appendix, and extend, as before stated, down into the pelvis through an adherent portion of peritoneum covering the tube and ovary.

The tendency of pus to burrow its way beneath the pelvic peritoneum, downward to low points, such as Douglass' cul-de-sac, was clearly demonstrated in a recent case which had a history of salpingitis, with a possible appendicitis, about two years previous. Upon examination I discovered an indurated mass, extending high up in Douglass' pouch and almost completely encircling the rectum, producing a stricture which gave rise to very marked digestive disturbances, and at times violent attacks of syncope, necessitating hypodermic injections of stimulants. High up a small fistula had opened into the rectum, through which there was a periodical discharge of pus which could be seen mixed with blood on the surface of masses of feces, the size of which indicated the calibre of the lumen of that portion of the rectum which was surrounded with pus. Free drainage was established by vaginal section into the cul-de-sac and abscess cavity. In three

weeks all signs of suppuration had ceased, the fistula into the rectum had closed, the size of the stool became normal and no longer showed traces of blood or pus. The nervous symptoms entirely disappeared, and the patient is enjoying better health to-day than she has had for several years.

Another and more recent case occurred in a young married woman, aged twenty-three years. About three months after her marriage she was taken suddenly ill, and upon examination I made the diagnosis of appendicitis. Palliative treatment was administered, and in about two weeks the patient was able to be up and about as usual, but still had some tenderness in the right iliac fossa. Menstruation was regular. No history of vaginitis or leucorrhea. There was a history of severe dysmenorrhea prior to her marriage. Six weeks after she recovered from the attack of appendicitis she began to suffer from severe pain and tenderness in the right iliac region, and lower down than before, with tumefaction and increased dullness, a slight elevation in temperature, pulse about 90, appetite poor, bowels constipated, with general expression of languor, my patient complaining of backache and pain extending down the anterior portion of the right thigh. Upon making a bimanual examination I discovered a fullness behind the uterus and to the right side. An aspirating needle was applied and a small quantity of pus was withdrawn, enough to confirm the diagnosis of pelvic abscess. Vaginal section was advised and performed. A drainage-tube was inserted and stitched to the vaginal wall at the margin of the opening into Douglass' cul-de-sac. The parts were irrigated as in the previous case. In two weeks all discharge ceased. The tube came out and was allowed to remain so on account of menstruation being in progress at that time. The patient seemed much improved until about two weeks later, when pain and tenderness increased in severity. An examination revealed a re-filling of the abscess cavity. The patient was put under an anesthetic the second time, and a larger opening was made than in the previous operation. A small pus sack was discovered within the main cavity; this was opened with a pair of sharp-pointed scissors. After assuring myself there were no other cavities existing, I flushed

out the parts with a normal salt solution, inserted a half - inch drainage-tube and sewed it to the posterior vaginal fornix in such a manner as would assure its retention until such time as I might deem its removal necessary. Irrigation was practiced twice daily with bichloride of mercury solution, 1:5,000. After two weeks there still remained a slight discharge, when I prescribed, in place of the bichloride, a solution of permanganate of potassium, a half grain to the ounce, and was gratified to find all evidence of suppuration cease in a few days. The tube was allowed to remain in two weeks longer, during which time menstruation occurred, and was free from pain or any other untoward symptoms. Four days after menstruation ceased the tube was removed, a small strip of gauze was placed in the opening, and changed daily until I was assured that no septic matter remained, when the wound was allowed to close. All fullness behind and from the side of the uterus has disappeared. There is no pain or tenderness and the patient is now attending to her usual household duties.

Symptoms produced by pus in the pelvis depends upon the part infected, and varies largely as to the kind of infection producing the inflammatory reaction. The acute symptoms usually last a week or ten days. During this time the patient usually lies in bed with knees drawn up, complaining of acute pain and tenderness. The onset may or may not have been attended by a chill. The abdominal muscles are so tense that one is apt to think there is a general peritonitis.

In gonorrhreal infection there will be a history of vaginitis, acute urethritis or vulvitis some time previous. It may have been a week or two, six months or a year since the primary inoculation. The inflammatory reaction is usually confined to the pelvic organs, except when gonorrhreal arthritis comes on as a complication. The acute symptoms usually subside in two or three weeks, when the patient will be able to go about, but will continue to complain of a bearing-down pain in the pelvis, with backache and continued tenderness in the lower portion of the abdomen.

Streptococcus infection acts quite differently. The attack more often dates from an abortion, a confinement, or local treatment. The symptoms are acute. The in-

vasion of the pelvic organ is rapid; there is every indication that the lymphatic system is infected; alternating chills and sweats are more common. The inflammation does not stop in the pelvis, but may extend over the entire peritoneum. In an autopsy in a fatal case of sepsis where death occurred on the ninth day after a premature labor large pockets of pus were found beneath the peritoneum, behind the ascending and descending colon, in the region of the left kidney on one side, and above the cecum on the other side, showing how rapidly the infection had traveled from the seat of the inoculation.

The general expression of the patient is one who has had a severe shock, with countenance clouded and looks haggard. Pulse rapid and thready, temperature high, chills are frequent, there may be a nausea and vomiting, urine scant and high colored. The abdomen becomes tympanitic, distension extends from the sternum to the os pubes; there is tenderness on pressure, respiration rapid, temperature anywhere from 101° to 106° F. Constipation may exist, due to a paresis of the muscular coat of the bowels or to a stricture of the rectum, produced by an inflammatory mass bridging its lumen. If the patient survives the acute attack the stricture may remain and become a serious obstacle in securing the evacuations. Frequent and painful urination due to implication of the bladder and ureters in the inflammatory mass, and sometimes there is a cystitis, due to infection similar to that existing in the tubes and ovaries.

All symptoms may finally abate and the patient regain complete health, with little or no evidence of inflammatory reaction having been present. On the other hand, there will be found adhesions everywhere, with prolapsed ovaries and tubes, producing pressure upon the rectum, and continue to be a source of distress as an obstacle to evacuation of the bowels, and from the pain produced by pressure on the ovaries by impactions of stool above the stricture, all evidence of suppuration having disappeared.

Pelvic suppuration may persist with symptoms very much less in severity, but always present. The patient complains of backache, bearing-down pain, painful defecation and micturition, with occasional discharge of pus per rectum or vagina.

If drainage is interfered with by a closure of the sinus or fistulous tract, acute symptoms will reappear, a general peritonitis be produced, and if the patient has a constitution strong enough to withstand the attack she will gradually improve up to a certain point, when she will be able to go about, but will always complain as before.

This condition has been known to exist for many years, and when we have such a history present it is, in my opinion, most apt to be due to tubercular or gonorrhreal infection.

If proper relief has not been obtained the abscess may terminate in one of the following modes:

1. Evacuation through the uterus.

2. Through a sinus directly into the vagina.

3. Into the rectum. And in one case I found a fistula with an opening into the rectum and bladder, forming a direct channel through which stool gained entrance into the bladder.

4. Pus may work its way up under the walls of the pelvis and appear on the abdominal wall just about Pourpart's ligament.

5. Rupture may occur directly into the abdominal cavity or be confined to the mass of intestines, which have become adherent to the upper surface of the abscess wall. The symptoms following this discharge of pus will depend upon the character of the infection. In more virulent cases the patient will at once collapse, the pulse will become rapid and thready, and will fail to respond to stimulants; there is a state of hebetude, and death occurs in two or three days.

Prognosis will depend entirely upon the character of infection, age of patient, duration of the disease, physical condition and personal environments.

To establish a diagnosis we must obtain a history. Has there been any evidence of gonorrhœa? A confinement followed with puerperal fever, a miscarriage, appendicitis, or injury? If the case has developed slowly, with or without pulmonary hemorrhage, daily elevation of temperature, night sweats, gradual emaciation, the cause is evidently of tubercular origin.

In other cases there is no sharp line of demarcation between health and disease, except that of painful menstruation, which

has increased in severity, until irritation gradually emerges into a localized pelvic peritonitis.

After obtaining the history I would recommend an examination under an anesthetic, if the condition of the patient will permit it; if not, a hypodermic injection of morphine will relieve the patient so a bimanual examination can be made, after which a speculum may be introduced and an aspirating needle used to locate the pus cavity.

When the abscess has been located the next thing to consider is, "What procedure shall be adopted for its relief?" The routine practice of celiotomy with extirpation of the pus-sac was attended with such heavy mortality that it has practically fallen into desuetude, and a more conservative method has been adopted by our most able gynecologists.

When pus is found, no matter what derivation it may have, there is only one thing to do, and that is to let it out through a channel that will be devoid of the greatest danger and procure the most thorough drainage.

The vast majority of cases may be drained through the posterior vaginal fornix. If the abscess is in front of the uterus, the anterior fornix will be the better place to puncture. When it has been decided to operate, I have my patient prepared very much the same as for an abdominal section, except the shaving of the parts, which I deem unnecessary. Chloroform or ether may be administered. If the patient be in a condition that forbids a general anesthetic a hypodermic injection of one-fourth of a grain of morphine with an eighth of cocaine may be injected at the site of the puncture.

The uterus is firmly held with a vulsellæ, and retractors or a speculum placed so as to expose the parts. An incision made through the vaginal wall with a bistoury, and with one finger in the rectum for a guide, I plunge the sharp point of the curved scissors into the mass in a direction that will avoid the perforation of the rectum. The scissors are opened and withdrawn. In this manner the opening is enlarged to the required size. I then pass my finger into the cavity in search of smaller pockets or sacs of pus, which are often found within the main cavity. After I have assured myself that the cavity is all one, I irrigate with normal salt solu-

tion, insert a rubber tube and sew it to the vaginal wall at the margin of the opening, leaving the free end long enough to admit the nozzle of a fountain syringe. The patient is now ready to be put to bed; the parts irrigated twice daily with permanganate of potassium or bichloride of the proper strength.

Such remedies as calcium sulphide, or a tonic of iron, quinine and strychnia, or compound syrup of hypophosphites, may be prescribed, and in a few days the patient will show marked signs of improvement.

The drainage-tube may be allowed to remain until all signs of pus have disappeared, and after its removal I keep a strip of gauze packing in until I feel sure there is no more infection.

Should the abscess reappear at any future time I would repeat the process, and not resort to the radical operation of extirpation of the pus sac until the second puncture had failed to give relief.

If recovery is not complete after vaginal puncture the major operation of extirpation may be considered at a later date, when the virulence of the infection has subsided. Of the two methods I prefer a complete extirpation of the uterus, tubes and ovaries, per vaginam, and in certain cases a vaginal tubo-oophorectomy may be made where a single tube or ovary is to be removed, but where it is necessary to remove both tubes and ovaries the removal of the uterus will facilitate their removal, and by making such sacrifice the danger of the operation is so much reduced that the extirpation of the uterus is thoroughly justifiable.

The amount of shock is so much less, and the drainage so much more satisfactory; the dreadful torture of keeping a patient lying upon her back for three or four days after the operation is not necessary.

The after-treatment is much easier and devoid of so many unpleasant features which occur after abdominal sections, such as stitch-hole abscesses and ventral hernia, and I am certain that the dangers of obstruction from inflammatory adhesions are very much less after a vaginal hysterectomy.

The amount of surgery that can be accomplished from below is really surprising, and is worth your effort to give it a trial.

IMPORTANT POINTS CONCERNING THE DOSAGE OF ANTITOXIN.

BY M. D. RABENOYICH, M.D.
TOLEDO, O.

Now that the employment of antitoxin in the treatment of diphtheria is accepted everywhere as the only scientific method of combating this disease, it seems wise for physicians to report their personal experiences with the use of the remedy, so that more reliable guidance, as to the dosage, be obtained. In this connection the experience of Dr. McCollom, of the Contagious Disease Department of the Boston City Hospital, is intensely interesting and instructive. The statistics of this hospital, embracing over 7,000 cases, prove beyond a question of doubt two very important facts, viz., that not a single case of diphtheria is to be regarded as hopeless until death has actually occurred; and second, that antitoxin is absolutely harmless even when injected in quantities amounting to over 80,000 units in a single case. Dr. McCollom cites, in detail, many cases that first came under observation when death seemed but a question of a few minutes; by heroic doses of antitoxin frequently repeated these cases were almost always saved. It is unquestionable, because of this repeated and persistent injection of large doses of antitoxin, that the mortality-rate from diphtheria in the Boston City Hospital is lower than in any other city or hospital in the world.

The object of this article is to emphasize one very important point which the writer has observed in the treatment of several hundred cases of diphtheria, *i. e.*, that each case is a rule in itself as to the amount of antitoxin required. The proper dosage of antitoxin cannot be laid down in the form of a rule; it can only be determined by the symptoms and signs of the disease. The experience of the writer proves that the best results are obtained by a preliminary injection of never less than 3,000 units, which amount should be repeated at from two- to six-hour intervals, according to the severity of the disease and the effect of the remedy upon the symptoms. As there is no method by which the physician can determine how much toxin is circulating in the system of the diphtheria patient, there can, consequently, be no knowledge of the amount of antitoxin required to neutralize the

toxin; it may in one instance be accomplished by 6,000 or 8,000 units, in another instance only by 50,000 units or more. The only evidence the physician has to rely upon for guidance in this matter is the shrivelling up of the membrane and a disappearance of the constitutional intoxication.

The following cases are cited to illustrate the relationship of the frequency and the amount of antitoxin injected to the symptoms of the disease:

CASE I.—Girl, aged ten years. Had been ill for two days when I saw her with sore throat, vomiting, headache, chilly sensations, and a marked swelling of the cervical lymph-glands. When I first saw her she had deposited all the membrane upon the tonsils, obstructing nasal respiration; breathing was very noisy, tongue dry, a pronounced hemorrhage of the nose. This was, evidently, as can readily be seen from the description, a marked case of faecal and nasal diphtheria.

When I first saw her 3,000 units of antitoxin was injected at 3 P.M.; at 8 P.M. a second injection of 3,000 units, and at midnight an injection of 3,000 units. After the third injection breathing became much easier, constitutional depression was not so much marked, and it was soon evident that the disease had been arrested. In four days the temperature was down to 99°, pulse 80, and general condition very good; convalescence progressed rapidly, with complete recovery in a few days.

CASE II.—Girl, aged three years. Complained for two days of headache, vomiting, chilly sensations, and prostration. When I first saw her, her temperature was 105°, pulse from 160 to 200, swelling of the lymph-glands was so marked that the external appearance resembled a case of mumps. Upon inspection the tonsils and palate were covered with a dense membrane, the mouth was half open in an effort to overcome the difficult respiration, tongue dry, both nostrils were occluded with membrane, and it was a pronounced nasal hemorrhage. The outlook in this case was particularly unfavorable; constitutional intoxication was most pronounced. At 3:30 I injected 3,000 units of antitoxin, a second injection at 6:30, 3,000 units of antitoxin; at 10:30 a third injection of 2,000 units, and at 2 A.M. a fourth injection of 2,000 units. The next morning the temperature had fallen

to 100°, pulse to 120, and the child was apparently on the road to recovery. In ten days the patient was discharged, cured.

CASE III.—Boy, aged five years; had been ill for five days with sore throat; had used the usual antiseptic and astringent gargles. When I first saw him there was a deposit of an olive-green, dense membrane upon the tonsils and palate, which membrane extended even to the lips; temperature 102.5°. Immediately upon my arrival I injected 2,000 units of antitoxin, and eight hours later 1,500 units; four hours after the second injection the pulse was reduced to 100, and the temperature to 99°. The patient made a very rapid recovery, and in five days was discharged, completely cured.

CASE IV.—Girl, aged six years; had been ill four days previous to my first visit. Upon inspection I found a very extensive membrane covering the entire tonsils and throat, which membrane extended into the nose. There was also a pronounced foul nasal discharge; the heart was particularly weak, the sounds scarcely audible, pulse 130, temperature 103.5°; the general condition indicated speedy death. At 10 A.M. 3,500 units of antitoxin was injected; at 1 P.M. a second injection of antitoxin of 3,000 units, at 6 P.M. a third injection of 3,000 units. As this case was particularly severe and threatened to have a fatal termination, 1,000 units of antitoxin were injected every two hours after the first twenty-four hours. Stimulants were also given. In three days the membrane began to separate, the constitutional symptoms very much ameliorated, and recovery on the fifth day was complete. After the third injection the heart-beats increased in frequency and force.

CASE V.—Woman, aged thirty-two years; had been ill for three days with an extensive membranous deposit on the tonsils and entire fauces; prostration was complete. There was a feeble, irregular pulse; the voice was husky, the temperature 102.5°. This case was absolutely hopeless, as it was a typical case of laryngeal diphtheria, of severest type. Immediately upon my arrival I injected 4,000 units of antitoxin, four hours later a second injection of 3,000 units, and in eight hours a third injection of 2,000 units. After the first injection the con-

stitutional symptoms became less pronounced, the heart was stronger. In three days the membrane had almost entirely disappeared, and there was a corresponding improvement in general condition. At the end of eleven days the patient was discharged, cured.

CASE VI.—Was a robust child, of two and one-half years of age. Was taken ill with a pain in the throat, marked congestion and swelling of the fauces, and the palate and tonsils were marked with white patches of membrane. There was also present chilliness, nausea and vomiting. The temperature ranged from 103 to 105°, and the pulse from 120 to 130. When I first saw her I injected 2,000 units of antitoxin, eight hours later a second injection of 2,000 units, after which there was a marked amelioration of the symptoms. On the third day the patient was discharged, cured.

CASE VII.—Boy, aged five years. Was taken ill with symptoms of an ordinary cold, with difficulty in swallowing hoarseness, dyspnea; temperature 102° to 103.5°. There was an abundant greyish deposit of membrane on the tonsils, with a very marked swelling of the lymphatic glands; breathing was extremely difficult; 2,500 units of antitoxin was given at the first injection; six hours later a second injection of 2,000 units, and four hours later 1,500 units. Six hours after the last injection the breathing was entirely normal, the membranous deposit on the tonsils had begun to disappear, and convalescence was established on the following morning. On the fourth day the patient was discharged.

CASE VIII.—Boy, ten years old. Had a heavy membranous deposit on both tonsils and palate; the heart action was extremely feeble, and the general condition indicated speedy death. In this case the boy had been ill for four days previous to the time I had been called; 3,000 units of antitoxin were injected immediately; eight hours later a third injection of 2,000 units. Almost immediately after the third injection the pulse became regular and stronger, and it was soon evident that the disease had been arrested. In this case active stimulation with brandy and strychnine was necessary; convalescence progressed until the tenth day, when the patient was discharged.

CASE IX.—Girl, aged four years. Was

taken ill with headache, nausea, difficulty in swallowing, and extreme difficulty in breathing. When I first saw her she had a temperature of 102°, with a greyish deposit on each tonsil, and an enormous swelling of the laryngeal glands; 2,000 units of antitoxin were immediately injected; eight hours later a second injection of 2,000 units, after which it was noted that the membrane had begun to shrivel up, and the patient was on the road to recovery. Five days after treatment convalescence was complete.

CASE X.—Girl, aged eight years. Had been ill for three days. When I first saw her she had marked prostration; feeble, irregular pulse, nausea, vomiting, and a temperature of 103.5°. There was a marked nasal discharge of a red color and fetid odor; 3,000 units of antitoxin were given, and eight hours later a second injection of 2,000 units; convalescence began immediately and progressed rapidly until the tenth day, when the patient was discharged, cured.

CASE XI.—Aged three years. Complained of sore throat; vomiting and prostration. When first seen was at a temperature of 103°, bleeding from the nose and throat, respiration was labored and irregular, the pulse 130. On both tonsils there was a heavy deposit of a greyish membrane. This was a typical case of membranous croup, and seemed particularly ominous; 3,000 units of antitoxin were injected; six hours later a second injection of 3,000 units, and ten hours a third injection of 2,000. After the third injection the patient seemed to gain in strength, the pulse became stronger and the spread of membrane was checked on the following morning. The patient was practically out of danger. On the twelfth day the patient was discharged, completely cured.

CASE XII.—Child, aged five years. When first seen she had absolutely lost all voice, with a harsh, dry cough; temperature was 103°, and there was an abundant greyish membranous deposit on the tonsils, which showed a marked tendency to bleed. Respiration was extremely difficult, the pulse was ranging from 130 to 150, temperature 103°. At 4:30 P.M. 3,000 units of antitoxin were injected; at 10 P.M. 2,000 units were injected; on the following morning temperature was 99°, pulse 95, the deposit in

nostrils had cleared, and the fourth day recovery was complete.

CASE XIII.—Girl, four years of age. Supposed to be suffering from ordinary croup, which, however, resisted all the usual remedies. This case was first seen after another physician had treated her without the use of antitoxin. It was a typical case of membranous croup, with marked constitutional and local symptoms, including extensive deposit of membrane. When I first saw her I administered 3,000 units; three hours later repeated the same amount; after the third injection of 2,000 units, which was made five hours later, the patient began to immediately improve, the breathing was free, the pulse down to 100, and the temperature 99°; convalescence was so evident that it was deemed unnecessary to administer antitoxin further. In ten days the child was allowed to go out of the house.

Altitude and Blood Changes.

When a person remains for some time in the mountains, says Roger, the blood is modified in three ways, namely, increased oxygen capacity, increase in number of red corpuscles, and increase in the iron content. M. Muntz experimented with rabbits of the same brood, keeping some on the plain and some on the heights of Pic du Midi. At the end of seven years the blood analysis of the descendants of these two classes showed the following differences: Oxygen absorbed in 100 grammes of blood in the plain, 9.56 c.c.; on the heights, 17.28 c.c.; iron contained in 100 grammes of blood, 40.5 mgm. and 70.2 mgm. Viall found the number of corpuscles contained in each cubic mm. of blood to range from 4,000,000 to 5,000,000 on the plain, and from 6,000,000 to 7,000,000 on the heights.—*Denver Med. Times.*

NINE per cent. solutions of essence of cinnamon, 11 and 12 per cent. of essence of thyme, and 18 per cent. of essence of geranium, assure complete disinfection of the hands.—*Med. Times.*

TUBERCULOSIS.—C. B. Tucker, M.D., Brooklyn, N. Y., reports a case of pulmonary tuberculosis where he is using Glyco-Thymoline (Kress) by spray daily, year in and year out. "It loosens the cough and deodorizes."

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of February 25, 1901.

THE PRESIDENT, C. L. BONFIELD, M.D., IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

Adenomatous Hyperplasia of the Rectal Mucosa.

DR. H. J. WHITACRE: Patient, Sarah H., sixty-three, white, widow, dressmaker, was admitted to Christ Hospital January 15, 1901, suffering from rectal trouble. Family history negative; previous history of diseases of childhood, gastritis for twenty years, menopause passed with no trouble, never the slightest trouble with constipation, and has enjoyed the very best of health. Present trouble began four years ago, when she noticed a small tumor protruding from anus at time of going to stool, and at the same time a muco-serous fluid discharge. The size of this tumor and the amount of discharge have progressively increased until it has become unendurable. She must wear a napkin constantly and saturates dozens in a day. There never has been any blood in this discharge. There never has been any pain associated with the trouble. There has been a progressive loss of weight, strength and appetite.

On rectal examination the finger just reaches a large fungous tumor, which was supposed to be a polyp. It was impossible to reach the base of the tumor, however, owing to its high position, and a thorough examination was postponed until we could have the aid of a general anesthetic.

When the patient was placed in the lithotomy position the sphincter was found to be devoid of tone and dilated. There was a mucous material flowing from the anus with respiratory movements, and the insertion of the thumbs to dilate wider was followed by a flow of one-half pint of pure mucus. Inspection revealed a cauliflower tumor four inches above the anus, which could be pulled down to the anus. The examining finger at once detected the error in diagnosis of a

plain rectal polyp, since in pulling down on the very large tumor mass the finger, which passed up to its base and supposedly into the bowel, everywhere met the resistance of a reflected fold of the gut wall. On the side of the tumor, next the coccyx, the finger engaged in a small opening, however, which did lead into the bowel. It now became apparent that I was dealing with a partial intussusception of the rectum; that it was the invaginated bowel which was forming the tumor, and, what was most important, that the entire mucosa of this invaginated and protruding portion was the seat of a tumor growth which I then considered to be a *malignant adenoma*. The bowel was four-fifths encircled by the fold. I found that by dragging down on the tumor-fold with the right hand I could insert the left index-finger into the lumen of the rectum, and the thumb of the same hand could be passed up on the outside of the fold, entirely beyond the diseased mucosa, and that now the tips of index-finger and thumb came in contact, separated only by the double fold of normal intestinal wall. It now became an easy matter to excise the diseased mucosa. I first took scissors and cut perpendicularly through the middle of the projecting fold of intestine until I came to the point of contact of thumb and index-finger, which, as I have stated, were clasped on normal mucosa. A catgut suture was now passed straight through the double fold and tied, thus reestablishing the continuity of the mucosa in a cylindrical tube. Hemorrhage was very profuse. With this start in the median line the left thumb and finger were shifted a little to her right, the fold cut by scissors for one-half inch and another through-and-through suture inserted. This process was continued in each direction with great rapidity and almost no loss of blood until the entire tumor was removed. An annular line of suture resulted which encircled four fifths of the bowel.

I would call especial attention to the method of suturing the edges of this fold just as soon as cut, *i. e.*, a suture for every snip of the scissors, and believe that this made a very easy operation of what would have been a very difficult and bloody one had the entire tumor been first excised, then sutured up. The woman has made a perfect recovery, the mucosa at the seat

of operation is smooth, and she has not had a single symptom from the rectum since the operation.

The tumor, as you will see, is a double fold of tremendously thickened mucosa, and a cross-section of this tumor will show you that the glandular portion of the mucosa, while greatly thickened, is *uniform* in thickness. It is also apparent that all coats of the intestine are included in this fold. If we examine the two extremities of this fold we find fairly normal simple tubular glands in a much infiltrated intertubular area. A slight progression along this surface shows the adenomatous development in a most unusual form. The simple tubular glands seem to have lengthened out to many times their original length, increased and become irregular in their lumen, changed the character of their cells, and in some places may be branched. There are many of the features of an adenoma, but the uniform layer of glandular mucosa over such a large flat area (probably twenty-four square inches) seems contrary to the usual ideas of *tumor* development. It appears to me to be more in the order of an *adenomatous hyperplasia* of the glandular elements. I believe the growth to be a relatively malignant tumor, since the histological border line between this tumor and carcinoma cannot be far distant.

Multiple Symmetrical Lipomata.

Louis W., thirty-seven, married, male, white, bricklayer. His mother's family all died of tuberculosis. Personal history of good health except bubo sixteen years ago. Six years ago the present trouble first manifested itself by the simultaneous appearance of swellings in both parotid regions, both sides of neck and both groins. These swellings disappeared completely, and during the past six years have appeared and disappeared on an average twice a year. His unfailing remedy has been to partake freely of whisky to the degree of continued intoxication. The present swellings appeared months ago, and are larger than ever before; furthermore, they fail to yield to his usual medication. There is not now and never has been any pain in these swellings and they have never become inflamed or broken down.

A physical examination reveals a very unusual condition. There are two tumors

the size a pigeon's-egg in the parotid region directly in front of the external auditory meatus, one over each mastoid bone; the chin is doubled by a symmetrically placed girdle of the new growth; there is a tumor the size of the body of his hand in each breast, a tumor of similar size on each side of the median line on the abdomen, one in each inguinal region overlying Scarpa's triangle (size of fist), and one the size of a peach in each popliteal space—*fourteen tumors in all*. Those tumors in the parotid and neck region are moderately firm, indistinctly circumscribed, and seem to be enlarged lymph nodes. Those in other regions are in no sense circumscribed, and are extremely soft. The skin over the swellings is imperfectly movable, and would suggest the pig-skin dimpling of a lipoma. The general nutrition of the patient is the best.

A single glance at this patient is sufficient to suggest an unusual condition, and the history of these recurrent tumors certainly forms a picture that is far from clear in the usual clinical experience. The diagnosis has been a question of unusual difficulty to me, and, as is common in such cases, a great number of rare, even impossible conditions, have been dragged into the question of differential diagnosis. From the beginning I thought that I recognized a co-existence of different conditions, since the involvement seemed to be in lymph nodes in the neck and face and loose subcutaneous tissue in all other parts. The first suggestion was a lymphatic involvement—a hyperplasia of the nodes and a circumscribed lymph-edema in other parts. The *filaria sanguinis hominis* was sought for at 9 and 11 o'clock P. M., with negative results. Blood examination further showed hemoglobin and red cells, normal in amount, and a moderate degree of leukocytosis. Lipoma was strongly suggested by the indistinct pig-skin dimpling that is present, but the tumors seemed too soft. Myxedematous swellings were suggested by one observer, sarcoma by another, neuro-angioma by yet another.

On last Saturday, February 23, the tumor in the left groin was incised for the removal of a piece of tissue for diagnosis, as was also the left side of the neck for the removal of an enlarged lymph node. These specimens both proved, on microscopical examination, to be *fatty* in character, and the diagnosis of *multiple sym-*

metrical lipomata must be made. I think that the diagnosis of lipoma might have been made on any one of these tumors except the parotid swellings, had it appeared alone and not been associated with the history of repeated disappearance and re-appearance without discoverable cause. The case unquestionably may be placed in evidence for the theory that the growth of lipomata depends upon some derangement of the *trophic nervous system*. There must be some central cause for the symmetrical arrangement of these tumors, and *it is possible* that the use of alcohol may have temporarily stimulated these trophic centres to normal activity, and there has been a coincident *diminution* at least in the size of the tumors which have resulted from the abnormality in the nerve-centre. The neck of the patient resembles very much the condition that often occurs in men, and has been studied and named "fatty neck" by Madelung. These swellings seem to be on the border-line between lipomata and ordinary obesity, and the newly-formed fat is diffusely deposited even between the muscles of the neck. This condition, of course, offers obstacles to operative interference. The remaining lipomata will be removed by surgical operation as far as possible.

Glycosuria Due to Congenital Phimosis.

DR. R. C. JONES : Mr. S., aged twenty-one, clerk, consulted the reporter August 3, 1900, giving the following history. In August, 1899, he had an attack of scarlet fever, recovery from which was very slow. After two months at the northern lakes he returned home in fair health, but in a short time began to lose strength and flesh. He consulted a competent physician, who made a diagnosis of diabetes, and under whose care he remained for three months. Becoming dissatisfied with his progress, he placed himself under the care of another physician, who confirmed the diagnosis previously made and treated him, with very little improvement, for four months. During this period of seven months his weight had decreased from 143 pounds to 124 pounds, his appetite was poor, he drank large quantities of water, voided from five to seven pints of urine per day, and had become unfitted, by weakness, for business. He had formerly been extremely fond of playing the violin, but his nervous condition compelled him

to abandon this pastime. Insomnia and despondency were marked, and life had become of doubtful value to him.

When first seen by the reporter his condition was as described above; urinalysis revealed the presence of sugar, and during the succeeding twenty-four hours he voided six pints of urine, the specific gravity of which was 1030. At the end of two weeks, during which period his condition had not, to an appreciable extent, changed, he called my attention to a feeling of irritation and discomfort at the end of the penis, which had existed, to a greater or less extent, during his entire illness. The attention of his physicians had been directed to this condition, but beyond being advised to cleanse the organ no attention had been given it. Examination revealed a congenital phimosis, with a short, tight prepuce and a slight balano-posthitis. Circumcision was at once performed, and within two weeks marked improvement in his general condition was noted. All medication and dieting were stopped, and within four weeks the glycosuria had disappeared, the specific gravity had fallen to 1017, the amount of urine voided had diminished to three pints per day, his nervousness had markedly diminished, he slept well, his appetite had improved, and despondency had given way to hope. Improvement was rapid, repeated examinations have failed to reveal the presence of sugar, he has regained eighteen pounds in weight, no restriction is placed upon his diet, and he has fully regained his normal condition.

A Few Interesting Abdominal Cases.

DR. GEORGE B. ORR reported the following cases:

Case 1. — Miss Mamie G —, aged eighteen years, Warren County, Ohio, was taken violently ill four days before I saw her; symptoms were: Pulse 120, temperature 102.5°, great pain in right side of abdomen, entire abdomen greatly distended, no movement of bowels, nausea, and some vomiting. Diagnosis: *appendicitis*. Advised operation at once, which was declined; as I could see nothing else to do, I returned to the city. Next day received word to come at once and operate, which I did, although the patient was in a most deplorable condition, verging on collapse, tossing on the bed, etc. Opened abdomen in usual place; as soon as open-

ing was made a large quantity of very foul-smelling pus escaped; gently introduced finger in search of appendix, easily found where it should have been, but no appendix; it had sloughed off. Drained cavity with gauze for twenty-four hours, leaving wound in abdominal wall entirely open; after that had cavity washed out with hydrogen peroxide every four hours, and drained with gauze. Nausea, pain, and fever disappeared rapidly; healing of wound was by granulation. Recovery complete.

Case 2. — Mrs. S —, aged about fifty-seven. Ate strawberries, cucumbers, cold slaw (cabbage), etc., for supper; in night had pain in bowels. Next morning more pain, with vomiting. No movement of bowels. Pulse 92, temperature 100°; P.M., pulse 88, temperature 99 $\frac{1}{2}$ °. Nausea. No stool, although she had taken four grains of calomel, mixed with soda. Next A.M., pulse 105, temperature 102.5°. Nausea and vomiting, no stool. Advised operation for relief of appendicitis, which I felt sure existed, as most pain was in that region, and greatest tenderness was there. Operation declined at that time; 4 P.M., pulse 104, temperature 101°. Had consultation, and again advised operation. At this time patient said that all pain had gone; nevertheless, I insisted upon operation. Patient consented, and I opened abdomen, found appendix, which was swollen beyond recognition, and about one-third of it was gangrenous. Removed it, packed wound with iodoform gauze, and left it perfectly open, draining with gauze only. In two and a half days removed the iodoform gauze and loosely packed with fresh; next day removed that, and thereafter washed out with hydrogen peroxide and drained with plain gauze. Bowels moved next day after operation; fed on liquids. The appendix contained two separate small masses of strawberry seeds. Recovery was slow, but complete.

Case 3. — Miss C. S —, aged twenty years; at age of sixteen years had an attack of supposed inflammation of left ovary, with local peritonitis, which, under treatment, with rest in bed, etc., soon subsided sufficiently to permit patient to resume her work. After the acute symptoms had passed off I suggested it would be better to have the ovary removed, but as patient was fairly comfortable operation was declined. Patient continued to work,

bearing her pains (which were very severe at times) until last August, when her suffering was so great that I again advised operation; this was consented to only after a consultation. I opened the abdomen in the usual way, found beginning cystic degeneration in both ovaries, left ovary adherent to side of uterus, and bound down to left lateral ligament; also a small cyst on left lateral ligament. Ovaries, tubes and cyst were removed. The patient had a slight rise of temperature the day following operation, which lasted a few hours only, and expressing herself as being and feeling perfectly well, we had hard work to convince her of the necessity of keeping in bed, but did manage to so keep her for two weeks, when she got up and left the hospital in three weeks after operation perfectly well.

Case 4.—Mr. L. B.—, resident of Cincinnati, but visiting in New Jersey. For months before I saw him he complained of frequent nausea, irregular chills followed by fever and sweats; loss of appetite, bowels partially locked; constant severe pain internal to crest of ilium, which extended down to knee; he could not stand in the erect position, but had to lean well forward.

At the end of this time (three months) he came home, when I saw him; his symptoms were considerable fever, badly coated tongue, pulse 80, stools regular, but dark color, skin greenish-sallow; has the appearance of a patient just getting over typhoid fever. Examined and found tenderness over entire right side of abdomen, with swelling and fluctuation extending from Poupart's ligament upwards and backwards over crest of ilium to within three inches of spinal column. Sent him to the hospital, had him prepared, and opened wall of abdomen posteriorly, which was the point of greatest fluctuation; explored with finger, then made another opening anteriorly, through which I made a second exploration. Through this last opening I found an abscess cavity that reached from Poupart's ligament back to very near the spinal column; found where the appendix should have been, but it had separated from head of colon, and had disintegrated, or was buried in the abscess wall, either one of which was immaterial to me, for I did not consider it wise to interfere with the abscess wall in any way in order to find

the appendix. I put in a large drainage-tube (through and through) from the front opening to the back, drained out over twenty ounces of most foul-smelling pus. Washed out cavity with boiled water only for two or three days; after that with hydrogen peroxide, weak solutions of bichloride occasionally, but generally with peroxide and boiled water. Patient changed for the better in a few days; when the discharge was greatly decreased, and abscess cavity much smaller, I put in a smaller drainage-tube, and finally a silk-worm-gut drain only, but pus, occasionally mixed with fluid feces, continued to discharge until we were all tired waiting; after some weeks of waiting I enlarged opening in skin, curetted pus channel, and packed with gauze; as it would not close, but persisted in discharging pus, and at times fluid feces, I repeated the curette and packing method, but of no avail. When at about my wits' end I conceived of a plan that I thought *might* work, and proceeded to try it; it was to clean out bowels thoroughly, put him in bed on his back, and to not permit him to have anything at all in his stomach but a *teaspoonful* of *Wyeth's beef juice* every two hours, and water to drink; *this succeeded*; at the end of ten days the fecal fistula was closed, and has remained so ever since.

I have the pleasure of presenting you the patient now for inspection.

Case 5.—John G.—, German, aged eighteen years. Was taken ill with violent pains in abdomen the evening of October 19, 1900. October 20 was seen by Dr. I. C. Miller, who found him suffering great pain in abdomen, most of the pain at umbilicus at this time; bowels locked up. Trouble could not be ascribed to any excess of diet. He prescribed a good dose of calomel, that to be followed with a dose of castor oil. Next morning found patient in more pain, most of it on right side. No movement of bowels, fecal vomiting, and greatly distended abdomen.

At 11 A.M., at Dr. Miller's request, I saw the case in consultation, and after examination advised that he be immediately sent to the hospital for operation. At this time pulse was 79, temperature 98.5° (in axilla); when he reached hospital, at 1 P.M., pulse was 120, temperature 101°. Dr. Miller was rather inclined to think it a case of *intussusception*, but I thought it more likely to be *appendicitis*.

At 1 P.M. I opened abdomen in right iliac region; soon found the appendix, and there was *nothing* the matter with it. I removed it, nevertheless, and then began a search for the cause of trouble through this same opening; my finger soon came in contact with a very hard mass, which I managed to draw out through the opening and inspect; it proved to be the head of the colon, completely filled with a very hard impacted fecal mass, that felt more like stone than anything else. Believing the mass too hard to crush without doing great damage to the bowel, I drew it well outside, packed around with gauze, clamped the intestine on either side, then incised the bowel (in its long axis), turned out the mass, then closed the mucous and muscular coats with cat-gut sutures and peritoneal coat with fine silk (Lembert) suture, washed off parts thoroughly with warm salt water, returned bowel to abdomen, packed around it carefully with gauze, put in gauze and rubber tube for drainage, and left wound in abdominal wall open. Removed last of gauze packing on sixth day; treated wound by open method. Patient vomited once, shortly after operation; gave some one-grain doses of calomel that night, and bowels began to move, each stool containing a great number of grape-seeds; the mass that was removed contained a large quantity of grape seed and grape skins, molded into a hard mass, although the patient insisted that he had not swallowed a grape for six weeks. His recovery was uneventful and complete.

I was skillfully assisted by Dr. Robert Carothers, Dr. Dudley Webb, and the resident staff of the Good Samaritan Hospital.

Here is the patient for your inspection.

Multiple Abscesses of the Liver Following Latent Appendicitis.

DR. GEORGE P. DALE: The following is a brief outline of a case which entered Cincinnati Hospital October 4, 1900:

The patient was a man, forty-six years of age, well developed, strong and robust in appearance, and by occupation a street-car motorman.

His life-history shows him to have been a healthy man most of his life except for one attack of rheumatism and typhoid fever two years ago. Drinks alcoholics to excess, and was on quite a spree five or

six weeks before being taken sick and did not feel perfectly well after that time.

He entered the hospital with history of having been sick a week with chills, occurring irregularly, followed by fever and sweats.

Examination on Admission.—Temperature 100.2°. Tongue tremulous and covered with white fur. Appetite very poor. Bowels constipated. Complains of slight dull pain in right iliac region. Slight distention and tympany of abdomen.

Spleen: Area of dulness increased and organ palpable below costal border.

Pulse 118, quick and hard.

Heart action rapid; slight systolic murmur heard at base, but not transmitted.

Chest: Entire chest contents seem pushed up.

Urinalysis: Acid reaction, sp. gr. 1017; small amount of albumin; granular and hyaline casts in abundance.

During the seventeen days patient was under observation he had thirty-two distinct chills, occurring at irregular intervals, having as high as four in twenty-four hours and a few days none at all. Each chill was of varied duration, from a few minutes to forty-five minutes, and were followed by a rise of temperature and then profuse sweating. The highest temperature record was 105° F., and the lowest 96.8° F. The chills at first were unaccompanied by any retching or vomiting, but toward the last he suffered much with the violent retching that accompanied each chill, sometimes with vomiting and sometimes without. The sweating which followed each chill and rise of temperature was always profuse, and often necessitated changing of bed-clothing.

Treatment at first was catharsis by calomel.

From time to time notes were made as to his condition, some of which are:

October 6: Blood examination for malaria is negative. Having several chills daily. Quinin. bisulph. gr. v every three hours.

October 9. White blood count, 10,500 per c.mm.

October 11. Quinin. bisulph., gr. x, given hypodermically once last night, also at 9 A.M. to-day and twice this afternoon, with no effect. Urine shows slight amount of albumin, bile pigment and granular casts.

October 13. Antistreptococcic serum

(10 c.c.) injected under skin of back yesterday afternoon, and also this afternoon, with no change in his condition following. Chills now accompanied with much nausea and vomiting.

October 14. In addition to quinine following given: methyl blue, gr. ii, in capsules, t. i. d.

October 15. Urine colored blue and contains pus cells in abundance. Complains of some pain about an inch below ensiform cartilage.

October 16. Methyl blue discontinued. Pulse weaker and lower tension. Stools are frequent and thin, light yellow.

October 17. Red blood count, 4,158,300 per c.mm.; white blood count, 12,000 per c.mm. Few moist râles heard at times over lower lobes of lungs posteriorly. Strych. sulph., grain $\frac{1}{20}$, hypodermically, t. i. d.

October 18. Gradually increasing jaundice, although not deep. Liver dulness increasing and extends to nipple line anteriorly and one and a half inches above normal line in axillary line. Two punctures made in posterior axillary line and one in axillary line between eighth and ninth ribs. This last one brought away a small quantity yellowish material containing, when strained, large and small round cells. Quinine discontinued to-day.

From this time on patient became weaker, with increasing jaundice and vomiting. Two days before his death, on October 22, he became semi-conscious and remained so. At no time did this patient complain of severe symptoms resembling appendicitis, nor did he give a history of ever having had such symptoms. He was examined several times during his illness by Dr. H. W. Bettmann, E. W. Mitchell, E. W. Walker and others.

The autopsy showed the following conditions:

Chest: Nothing abnormal.

Bowel: Cecum bound down by adhesions and embedded in a mass of greenish, gangrenous pus. Abscess is well walled off from balance of peritoneal cavity. Stump of appendix is all that remains of that organ.

Liver: About two and a half times as large as normal. Seat of multiple abscesses of various sizes, the largest being about one and a half inches in diameter.

Kidneys: Much reduced in size, granular surface, adherent capsules. Scattered throughout cortex are numerous small em-

bolic abscesses not yet broken down. Cortex about one-third normal width.

The history of this case shows the unusual condition of multiple abscesses of the liver and embolic foci in the kidneys following a latent appendicitis. Several cases of this kind have been reported, both here and in Europe, one of which (a case of Dr. Bettmann's, of this city) had symptoms very much resembling the case reported to-night, as did also a case reported by Deavers in his recent work on appendicitis. A case in Boston several years ago had multiple abscesses of the liver following a chronic appendicitis where there was a small amount of pus in the appendix, but no appendicular abscess.

Aneurism of the Abdominal Aorta.

This case presents some unusual features, especially the absence of clinical symptoms for the amount of pathological changes. The patient was a poorly developed negro, forty-two years of age, porter in a saloon, who was under observation about two months.

His life-history as to previous illness is negative. Uses alcoholics to excess, but says he never had syphilis. His present illness dated back two months, during which time he had almost daily cramps in the abdomen, pain in the back, and says he has lost twenty-five pounds in weight. Had occasional fever and sweating at night.

Examination on Admission to Hospital.
—Very anemic and much run down. No appetite. Complains of more or less pain and soreness in hypogastric region.

Liver slightly enlarged.

Lungs: Slight dulness on right side below the clavicle, where vocal fremitus increased, but no bronchial breathing present. Has slight cough and slight expectoration of mucus.

Heart: Slight systolic murmur at the base, not transmitted.

Urine contained moderate amount of albumin and granular and hyaline casts.

During the two months patient was in the hospital he complained of few symptoms except pains occasionally around umbilicus, extending at times toward groin and again in lower chest.

Frequent examination of sputum showed absence of tubercle bacilli.

The treatment given was mild tonics and occasional sedatives.

The autopsy showed the following unusual anatomical changes:

Heart: Right ventricle dilated and empty; left ventricle much contracted.

Diaphragm: Two inches from median line to the left is perforation admitting easily a finger. Edges of perforation rough.

Pleura: Left pleura contained large amount of blood and about a pint of semi-fluid blood.

Aorta: Abdominal aorta beginning just below the diaphragm is transformed into a sac, adherent to the vertebræ, diaphragm, liver and stomach. Tenth, eleventh and twelfth dorsal, and first and second lumbar vertebræ are eroded, both the bone and cartilage. The aneurism sac was covered anteriorly by the liver.

Liver much deformed and showed irregular puckered scars.

In past few years quite a number of cases of abdominal aneurism have been reported, but usually they exhibit some tangible symptom. One case somewhat similar to the present one, reported in Philadelphia, was that of a negro who dropped dead during convalescence from a perineal section for urethral stricture. Autopsy showed an aneurism of the abdominal aorta which had ruptured through the diaphragm into the left pleura, with also erosion of vertebræ.

Since the case reported to-night was in the hospital there has been a second, in which the aneurism was abdominal, but was so enlarged upward and to the left as to present symptoms of fluid in pleural cavity. It finally ruptured into the left pleura through the diaphragm. In this case there was erosion of some of the vertebræ, and in addition was carnification of left lung from long-continued pressure.

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SATURDAY, MAY 11, 1901.

DIABETES OF NERVOUS ORIGIN.

On another page of this issue is a report of a case of diabetes mellitus recently presented before the Academy of Medicine by Dr. R. C. Jones. This case is from a practical standpoint of the greatest importance; it was under observation for a considerable length of time, during which time sugar was constantly present in the urine, was accompanied by emaciation and great mental anxiety, and, indeed, was in all respects a typical example of the disease. Complete restoration to health was recorded after the simple operative procedure of circumcision.

In this connection it is interesting to observe that Ebstein has reported four cases in which diabetes mellitus and epilepsy were associated; and the literature is filled with cases, notably those collected by J. William White, in which operations of various and of all kinds, even circumcision, have resulted in absolute cure. It is well known that other nervous disorders, such as chorea and convulsions of various kinds, are often dependent upon the balanitis and balanoposthitis which always accompany to a greater or less extent a tight and adherent prepuce. It is, then, no great assumption to say that peripheral reflex irritation causes, in turn, irritation in some portion

of the cerebral hemispheres, with corresponding increase in function. It is an old axiom of neurology that destructive lesions of the motor areas of the brain are followed by paralysis, irritative lesions by spasms; it is but fair to assume that other central irritations, even though peripherally derived, may also be succeeded by increase of function in the organs over which they exercise their particular control.

Without entering into any discussion of the glycogenic function of the liver, theoretically at least diabetes may be induced by changes in the circulation of the liver, and Osler is authority for the statement that "puncture of the medulla, lesions of the cord, and *central irritation* of various kinds are followed by glycosuria, which is attributed to a vaso-motor paralysis induced by these causes." In other words, many cases of diabetes are undoubtedly of neurotic origin. This may serve as an explanation for the origin and cure of the case under consideration; at any rate, in future cases it will be well for us all to look closely for this and other peripheral causes of central irritability.

M. A. B.

THE NEW MEMBER OF THE HOSPITAL BOARD.

The appointment of Dr. P. S. Conner to the Board of Trustees of the Cincinnati Hospital is a move that will meet with the commendation of all. As a surgeon he enjoys an international reputation; as a man of affairs he has taken an active part in the various public duties of his city and country; that he has the interest of the hospital at heart is shown by the fact that he has held the humble position of librarian to that institution since his resignation from the staff. This is the fourth physician who has been appointed to this important board in rapid succession. One has departed to his long rest, but to the others we may reasonably

look for active service for years to come. It would seem that the tendency of the times is to let the doctors run their hospital to suit themselves, and no more competent representatives of our profession could be had than Drs. P. S. Conner, A. B. Isham, and C. R. Holmes. It is fitting that physicians should constitute a liberal proportion of a board such as this, for they are the ones who are naturally best acquainted with the merits and demerits of the various applicants for staff positions, and can act accordingly. Rarely has it happened that the staff of the hospital has held a member who has not stood very high in his profession, and there is now no doubt that, with physicians holding the balance of power, Cincinnati may continue to be proud of the General Hospital, that has no superior. In extending our congratulation to Dr. Conner, we wish even more strongly to congratulate the board of which he has become an honored member. M. A. B.

COMMENCEMENT.

The past week has witnessed the day of days for many of the students attending the medical colleges of our city—graduation. As the respective valedictorians have no doubt maintained, the goal for which they have been striving for four long years has at last been reached. The best class that the college has ever turned out stands revealed in all her knowledge and power. Their professors will watch with as eager interest their careers through life as they have their trials and tribulations in their *alma mater*, and predict as successful an outcome. The swallow-tailed faculty will have assumed an interested and benign expression as of yore. There was no doubt applause galore for the prize winner and successful hospital candidate; "please omit flowers" was politely ignored; there was an adjournment to the banquet hall, and the noviti-

ates were patted and petted to their heart's content.

One needs not make the rounds to know the full story by whose brave aid over a hundred blushing doctors were given to the world. Smile not so cynically, you Dr. Outsider. The world knows full well that you tried in vain to secure a place in that respectable faculty. Make not those rumbling noises in your throat, Dr. Growler. We all know that beneath that gruff exterior there beats a friendly heart for the newly-created brethren of our profession; that you would not change the existing order if you could; that these final festivities are good for them, keeping alive a spirit of enthusiasm and patriotism that is right and just and will make them the better men; that in spite of the protests of the valedictorian there lurks a shrewd suspicion that in comparison with your own class the present tribe are but as pygmies. You are not alone in your thought, but hedge it round with kindly thoughts and words, and when in your power still more kindly deeds to show them that they are welcome, though still strangers within the gates.

Considering the enforcement of the new law, the present year has been one of success for the local medical schools. On May 1 the Cincinnati College of Medicine and Surgery held its semi-centennial, graduating a class of sixteen, Dr. W. H. Wenning acting as valedictorian. On the same night the Miami graduated a class of twenty-five, the address having been delivered by Dr. E. W. Mitchell. Several days after came the exercises of the Laura College, with five graduates, while on the 7th of the month the large class of sixty were given their diplomas from the Ohio Medical College, Dr. J. G. Hyndman the valedictorian. In all, a little over a hundred from all the regular medical schools of the city, not a great but certainly a respectable showing.

M. A. B.

EDITORIAL NOTES.

THE Trustees of the New York Academy of Medicine have the pleasure of announcing the receipt of ten thousand dollars from Mrs. Sarah Barker Gibbs and Miss George Barker Gibbs, for the establishment of the Edward N. Gibbs Memorial Prize Fund, the income to be awarded triennially to the physician of regular standing in the medical profession of the United States of America who shall present the best original essay upon the etiology, pathology and treatment of the diseases of the kidneys.

Migraine.

This functional nervous disease, commonly miscalled neuralgia, gastric headache and nervous headache, is distinguished, writes Patrick (*Medicine*, January) by the following most prominent features: Heredity, more often on the mother's side; inception generally under fifteen, nearly always under twenty; attacks at first two or three times a year to once a month—later once in two months to twice per week; duration of attack, six to thirty-six hours; freedom from pain in intervals; continuance of affection through many years; pain severe; nausea or vomiting rather frequent; prodromes not infrequent and nearly always the same for each individual; accompaniments of visual, sensory or speech symptoms almost pathognomonic, but not often present; during continuance does not admit of sleep. The pain is usually but not always one-sided. It differs strikingly from typical neuralgia in being steady, though sometimes throbbing. Women not infrequently lose the affliction after the menopause, and men after the age of sixty. Dr. Patrick has yet to hear of the radical cure of a bad case of typical migraine, but most cases can be materially alleviated. His preference of remedies is for cannabis indica, beginning with three or four drops of a good fluid extract after each meal, and increasing this dose rather rapidly until distinct physiologic effects appear, when the dose is to be diminished just within the limit and held there indefinitely.—*Denver Med. Times.*

Current Literature.

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The Open Window.

"It is only since the introduction of glass for use in windows that such a disease as consumption has become a scourge; before that time life had generally to be lived in window-open, ventilated houses." So pregnantly remarks, in a modest footnote, the author of a very able and suggestive article in the *Westminster Review*. We are doubtful whether this statement can be verified statistically, but we have no doubt whatever as to the truth of the lesson it teaches. As to the value of the Nordrach treatment there can no longer be any doubt whatever. It, however, labors under the disadvantages inherent to all "systems" of treatment. It has been vigorously taken up in England, but still as a "system," and the author of the article in question will have performed a real service if he succeeds in making the public understand that the virtues of the treatment reside in the *raison d'être* of the system, and not in the particular institution or physician charged with its administration. The point, too, must be emphasized that the open-air treatment is no specific treatment for tuberculosis; it is of far wider application. Briefly, the method is an amplification of the old-fashioned treatment—put the patient in the most healthy conditions available and trust to nature. This can be and should be the object of every one, not only in the treatment of disease, but in every-day life. The policy of the open window is capable of universal application, but it will not, we fear, be generally admitted without much insistence, for the prejudices which exist against draughts are very deep-rooted, and invested with all the hereditary awe of our grandmothers' teaching. The germ theory of disease has done much towards giving us an intelligent appreciation of many of the mysteries of infection and contagion, and is in a fair way towards giving us the master key to treatment, but at best it is only half the matter. A seed cannot grow without suitable soil, nor can a patient harbor a bacillus to his own detriment unless he is in a fit condition to do so. Typical diphtheria bacilli

exist in perfectly healthy throats without causing any pathological condition, and virulent tubercle bacilli are ubiquitous, yet we are not all tuberculous. In other words, for disease two factors are necessary, the infecting organism and a soil capable of supporting its growth. The distribution of the organisms in our habitations has been to a certain extent controlled by modern sanitary methods, but sufficient attention is not paid by the public to control the condition of the soil. A rich man will spend his money in making his sanitary service resplendent with glazed bricks, lined and jointed pipes and polished copper tubing, but will give no attention to procuring sunlight and fresh air—that is, he will guard against infection, but will take no trouble about safeguarding the condition of the soil the infection is to grow upon. For health both are necessary and equally important.

—Med. Press and Circular.

The Physiological Basis of Pulmonary Tuberculosis.

An extremely important, almost epoch-making contribution, bearing on deviations of respiration, has just been brought to the normal physiological condition before the French Academy of Medicine by Drs. Robin and Binet. Hitherto it has always been held that the volume of respiration—what the French call respiratory ventilation—is less in the phthisical and in persons whose lungs are diseased than in the healthy individual, and that hematosis in such subjects is, therefore, less active and less complete. MM. Robin and Binet may fairly say *nous avons changé tout cela*, for the result of their investigations, carried out on 392 patients, peremptorily establishes the somewhat astonishing fact that, far from the respiratory exchanges being diminished, they are positively and immensely enhanced. Out of 162 consumptive patients only 8 per cent. failed to conform to this rule.

Their researches show that, on an average, pulmonary ventilation in phthisis is increased 110 per cent. in the female, and 80.5 per cent. in the male. The elimination of carbonic acid per minute and per kilogramme of body-weight is 86 per cent. in excess of the normal in the female, and 64 per cent. in the male, while the total consumption of oxygen, calcu-

lated in the same way, rises 100.5 per cent. in the female, and 70 per cent. in the male, and the proportion of oxygen used up by the tissues is 162.8 and 94.8 per cent. respectively. Hardly less remarkable than these physiological data is the fact that while this exaggeration of respiratory combustion obtains even in the acute form of the disease, it is present at all stages of chronic phthisis, from the onset to the very end of life, being subject, however, to variations which correspond more or less to periods of quiescence or improvement.

Another significant observation is that this hyper-activity of combustion is present also in patients suffering from other forms of tuberculosis—tuberculosis of the bones, of the testicle, in pleurisy, etc., in association with tuberculous glands, while, for reasons not as yet apparent, it is wanting in tuberculous peritonitis and meningitis and in lupus. There are, it is true, sundry other diseases in which acceleration of the processes of oxygenization are intensified, but in none are the variations from the normal at all comparable with those observed in phthisis. The fact that these phenomena are present in a marked degree from the very earliest stage, even in what is described as the pre-tuberculous period, invests the discovery with extreme importance from the point of view of diagnosis, because we are thus placed in possession of a means of forecasting the advent of phthisis long before any objective physical signs can possibly be detected.

Nor does this exhaust the scope of the interesting discovery. It is found that three-quarters of the offspring of tuberculous parents exhibit this peculiarity, apart from tuberculous infection, and in conditions such as rheumatism, which are supposed to be antagonistic to consumption, the respiratory exchanges are uniformly below the normal. It would, therefore, appear highly probable that this state of exaggerated respiratory activity *per se* constitutes a favorable soil for tuberculous infection. This view confirms, in a curious way, the Hippocratic maxim that "phthisis is a consumption," since it is the slow combustion of the organism by too active respiratory changes, *plus* the gradual deprivation of mineral elements on the part of the tissues, that creates the special liability to infection.

These new facts cannot but profoundly

modify current opinions on the pathogenesis of phthisis. Obviously, the bacillus does not play the predominant rôle, since for its successful invasion a suitable soil is indispensable. This, of course, is no new theorem; practical physicians have always recognized and acted upon the principle that treatment must be directed to the patient rather than to the disease; but the idea that we must restrain rather than stimulate hematosis is not without considerable bearing. Life in the fresh air, viewed from this point of view, is a rest; it reduces the strain on the pulmonary tissues, just as breathing an atmosphere of oxygen might be expected to do. In any case, the whole subject will have to be reconsidered in order to adjust our views to the facts now brought to light.—*Med. Press and Circular.*

Investigations Into Gonorrhœal Affection of the Joints.

At the last meeting of the Free Society of Surgeons, Hr. Baur read a paper on this subject.

Four years ago König could only speak of joint inflammation in subjects of gonorrhœa, now he spoke of gonorrhœal joint inflammation. The speaker was opposed to experiments on the human subject, as we now know that gonorrhœa was not only a local but a general infection. The results of bacteriological investigation were very varied. Rindfleisch found gonococci in 56 per cent. of the cases, others found other forms of bacteria, and then none at all, and came to look upon not the bacteria themselves but their tissue changes as the cause of the joint affection.

The questions the speaker set himself to answer were:

1. Are living gonococci to be met with in cases recognized clinically as gonorrhœal arthritis?
2. How are the very varied results of former investigators to be explained?

For the purposes of the investigation he had the large material of v. Bergmann's "Klinik and Polyklinik" at hand for a year and a half. Cultures were trusted to rather than microscopical examinations.

Wassermann's nutrient soil proved so suitable for the process of cultivation that it alone was used latterly.

A total of twenty-seven cases was examined, which included the more varied

forms of the disease and affecting the most varied joints. Gonococci developed in nineteen cases—66 per cent. In eight cases they did not grow. The large number of cases in which a positive result was obtained the speaker attributed to the perfectness of the process. A further result of the investigation was the determination of the fact that living gonococci could now be procured from the joint after the sixth day of the disease. The eight negative cases were all examined later than the fifth day. When therefore older investigations proved to be negative in these results the cause probably lay in the delay in making the investigation.

Inoculation with the serum of the periarticular infiltration was always without result, but it was not improbable that this swelling was due to the toxin of the gonococcus. This toxin was probably associated with the body of the bacterium, and especially with that of the dead gonococcus. If the cultures were killed rapidly by heat the toxin was very feeble, but if they were killed slowly by withholding the oxygen necessary to life the toxin was very virulent. If this was inoculated into the joint of an animal a painful swelling followed, with diffuse infiltration as in the human subject, and by repeating the injection ankylosis of the joint might even ensue.

The conditions in the human subject were the same as those obtaining in animal experiment. The gonococcus reached the joint by metastasis whilst living; then it slowly died, and the virulent toxin there elaborated exercised its deleterious influence in the neighborhood of the joint.

The poisonous material was, in the human subject, probably associated with cells; only in this way could relighting up of the disease after violent exertion be explained in cases where no re-infection had taken place.

In v. Bergmann's Klinik treatment was limited to conservative measures. Only when hydrops was excessive was the joint punctured and washed out. Inunction and painting were employed and the joint was kept at rest, and the results obtained were perfectly satisfactory.

Those rare cases in which suppuration took place were to be looked upon as mixed infection, and were more frequent when operation was undertaken earlier.

Lately large doses of potassic iodide had

been given or iodipin subcutaneously, but the speaker was not in a position to form a judgment as to the results obtained. The attempt to discover an antibody had so far been fruitless.—*Berlin Cor. Med. Press and Circular.*

Operations on Diabetics.

It is a generally accepted view that surgical operations on diabetic subjects are attended by so much more than ordinary risk that, under ordinary circumstances, they are best avoided. In the abstract, no doubt, this view is correct, but there are circumstances and cases in which the objection does not hold good. No surgeon would refuse to operate, for instance, on a diabetic subject who happened to have a strangulated hernia or other form of acute intestinal obstruction. In general, when non-intervention would entail inevitable death it is the surgeon's duty to shut his eyes to the diabetic complication and to operate.

Apart from these operations of urgency the advance of medical science renders it possible to operate on diabetic subjects with a fair prospect of a happy issue, provided that proper precautions are taken to restrict the quantity of sugar in the system. The question came up for discussion the other evening at the Royal Medical and Chirurgical Society on a paper by Mr. Barker, who was enabled to relate two very successful cases of intestinal surgery on diabetic subjects showing that even under the most unfavorable circumstances surgical intervention in such patients is not necessarily a forlorn hope. From the point of view of surgical risk diabetics may be divided into two categories. First of all the presence of sugar in the urine is a symptom the significance whereof varies greatly according to the age of the patient. In an elderly person of full habit it hardly constitutes a contraindication, whereas in a young person diabetes runs a much more rapid and fatal course.

Looking at the question from another point of view diabetics may be divided into two classes, one in which the sugar is of purely alimentary origin, in which a proper supervision of the diet will suffice to reduce the sugar in the urine to negligible proportions. A glycosuric person in whom the excretion of sugar can thus

be controlled, may, for surgical purposes, be regarded as one of average resistance, and dealt with accordingly. There are other cases, however, cases of true diabetes, in which the sugar is only in part derived from the carbohydrates taken as food, a variable proportion thereof being of tissue disintegration. In these, diet, however strict, does not remove the sugar from the urine, and the gravity of the prognosis is proportionately grave. Obviously it is for the surgeon to ascertain, as far as possible, into which category his diabetic patients fall, because, in the latter class, even the most trifling surgical operation may be attended by the most serious risk to life. The ease with which trifling traumatisms determine grave constitutional disturbance in diabetic subjects is extraordinary, as every practitioner knows to his cost. Unfortunately, the distinction between the two classes does not work out as satisfactorily in practice as it does in theory. In many, possibly the majority of instances, the cases are on the borderland, and though diet does, to some extent, diminish the excretion of sugar, there still remains enough to inspire anxiety as to the possible results of surgical intervention. In these cases prudence is the best counsellor, and as a general rule no operation, except of the imperative kind, should be performed.

While medical science enables us to place certain diabetics in a comparatively satisfactory state for operation, it does not divest the presence of sugar of its fell significance, especially when observation shows that the sugar is not exclusively of alimentary origin.—*Med. Press and Circular.*

Nephropexy.

Without entering on the contentious question of the relative frequency of floating kidney or the many and diverse symptoms that are associated with that pathological condition, we take it for granted that fixation of the viscous is the result that surgeons try to secure. The result is sometimes attained quite easily, particularly in patients who, by emaciation, after wasting disease, have lost the adipose capsule of the kidney; in such cases a properly adjusted belt worn until the patient gains flesh often suffices, or dietetic treatment in the recumbent position may effect the cure. But the great majority of

cases call for surgical interference. There are instances of long mesonephrons that allow of the kidneys moving about freely without causing pain or even inconvenience. Such cases, however, are very rare, and, as a rule, are discovered accidentally.

Cases calling for operation not infrequently simulate gall-stones, provoke gastric troubles, or interfere with the venous circulation in the abdomen. The operation of fixing the kidney practically dates from Hahn's first operation in 1881, and it is interesting to note how timidly he dealt with the kidney. He seems to have known little of the manipulation the viscous had been submitted to in the past. The Mezeray case of incision of the kidney for stone in 1490, Rousset's case about 1550, and Marchatti's case in 1652, would, had he read them, given him more confidence. Dreading to wound the kidney, Hahn contented himself with passing sutures through the fat capsule alone, but afterward, getting bolder, he sutured the fibrous capsule. M. Guyon proposed what was then considered a bold measure, to remove part of the fibrous capsule and allow the products of inflammatory action to hold the kidney in position.

We cannot, however, go over the different operations chronologically and in detail. No essential change was made until Senn proposed to do away with sutures altogether, and hoped for fixation from free scarifying of the fibrous capsule, together with the use of an adventitious capsule made by packing gauze around the kidney, and allowing it to be retained until granulations had formed capable of retaining the kidney in place. But it strikes us that better than any of these is the method brought under the notice of the New York Academy of Medicine by Dr. Morris. He does not claim this as his own, but it seems a rational one, and in his hands has given excellent results. After making the usual preliminary incisions, he raises a flap of the fibrous capsule of the kidney from its posterior surface, leaving it attached to its convex border. The flap is then drawn through a slit in the psoas or quadratus muscle, whichever one may choose, and is there secured in place. This brings bare parenchyma in contact with the psoas or quadratus fascia, where it forms a firm connective tissue attachment. The operation has the great advantage of not involv-

ing the passing of sutures through the par-enchyma of the kidney, and it avoids all the after-trouble of Senn's operation. It is not attended with any great difficulty in performance, and is, we consider, the most rational method yet proposed to secure the desired object, viz., fixation.—*Med. Press and Circular.*

Pleural Effusions.

According to Widal (*International Clinics*) the examination of serous fluids from the pleural cavity is to be made after the removal of the fibrin either before or after coagulation. The effusion of "idiopathic" pleurisy, or pleurisy from cold, has been shown by Landouzy to be really tubercular in origin, and is marked by a number of small lymphocytes tending markedly to run together, and often also red blood cells. Pleurisies in frankly tubercular subjects are characterized by very few cells, namely, red blood corpuscles, small lymphocytes and old deformed polynuclear or mononuclear leucocytes, and amorphous anuclear agglomerations. Mechanical pleurisies, due to cancer, cardiac or renal disease or irritation of neighboring parts, are distinguished by the presence of large endothelial cells, often grouped by twos or threes or even in sheets. In serofibrinous pleurisy of streptococcic origin the picture is scarcely characteristic, consisting of polynuclear neutrophiles with deformed nuclei. The vigorous tissue reaction of pneumococcic pleurisy is manifested by red cells, some lymphocytes and especially an abundance of polynuclear leucocytes. Pathognomonic, however, are the large mononucleated cells, mostly endothelial, some of which englobe even the polynuclear cells in their protoplasm. Pleural effusions during typhoid are frequently hemorrhagic and may contain a majority of eosinophiles.—*Denver Med. Times.*

THE peroxide of hydrogen is of great advantage in catarrh of the stomach, stimulating the secretion of the digestive fluids and preventing fermentation.—*Med. Summary.*

IN spasmodic urethral stricture, give cimicifuga and gelsemium in full and frequent doses. Good results may be looked for in three hours.—*Med. Summary.*

Translations.

MEDICINE AND MORALS OF ANCIENT ROME ACCORDING TO THE LATIN POETS.

BY DR. EDMOND DUPOUY.

TRANSLATED BY THOMAS C. MINOR, M.D., CINCINNATI.

(Concluded.)

II.

Satirical Poets—Lucilius, Perseus, Juvenal, Martial.

MARTIAL.

We find in an epigram upon Zoile these two verses :

"Percurrit agili corpus arte tractatrix,
Manumque doctam spargit omnibus membris."

Was this sensuality? In all cases their gouty diathesis came from the very refinement of their cooking, and their habits of alcoholic intemperance. One or two examples will suffice to prove this.

Phryx, the celebrated drinker, was blind in one eye, and sore eyed in the other. Heras, his physician, said to him: "Be sober, for if thou drinkest wine thou wilt become blind."

"Potor nobilis, Aule, lumino uno
Lucus Phryx erat, alteroque lippus.
Huic Heras medicus; Bibi caveto;
Vinum si berberis, nihil videbis."

Phryx responded laughingly: "Then farewell my last eye," and immediately drank round after round of liquor. Phryx drank the wine, his eye the poison.

"Rideus, Phryx, oculo, valebis inquit.
Misceri sibi protinus deunces,
Sed crebos jubet. Exitum requiris?
Vinum Phryx, oculos libit venenum."

In the middle of the night Panaretus, who was drunk, demanded, by snapping his fingers, the indispensable vase. They brought him a demijohn that had contained the Spolete wine—a demijohn he had emptied without trouble. Our good man had emptied his bladder and filled the demijohn again, putting back in the bottle all he had taken therefrom. "Thou askest me Rufus how that demijohn could

contain what he had taken; he drank it pure.

"Desine mirari, Rufe; merum esse."

So we see Falerno was one of the factors in the gout of the Romans, and that fat goose livers, salmon and truffles did their work, too. It is with good reason, then, that gout is considered the disease of rich men. Sydenham, who was horribly gouty, consoled himself for his pains by saying:

"Divites plures interemit quam panperes, plures sapientes quam fatuos."

It attacked the rich oftener than the poor, bright minds rather than stupid peoples. This great English doctor could never ignore those two aphorisms of Hippocrates:

1. Eunuchs never become gouty or bald.

2. A child never has the gout before its first enjoyments.¹

To a too succulent nourishment and old wine add Venus, and there was the complete receipt for gout, that Sydenham knew so perfectly, as many of the rest of the celebrated Academicians or simple general practitioners.

"For the guard that watches the palace gates
Cannot defend e'en his king."

All modern authors draw a sad picture of gangrenous stomatitis in children, that it is better to consider as rather the expression of a particular state than a form of stomatitis. Towards the end of the first septenary gangrenous points show themselves on the mucous membranes that very soon slough, while a fetid sanguineous flow from the mouth. The teeth are movable, the bone is necrosed, the slough appears at the exterior, the gangrene invades all the soft parts and the cheeks are perforated. The general symptoms aggravate, strength is exhausted, complications come on in all the organs and towards the fifteenth day, when energetic treatment does not stay the malady, death peacefully enters to put an end to this terrible disease of childhood. Martial speaks of this affection in writing an epitaph for a child: "This day has veiled my pen in mourning. Here lies Canace,

young Eoliennne, whose seventh year was the last. Profane abomination! Passerby, hold back thy tears, for one needs not weep on the shortness of life.

"Æolidon Canace jacet hoc tumulata sepulcro,
Ultima cui parvæ septima venit hyems.
Ah scelus, Ah facinus! properas quid, fieri,
viator?
Non licet hic vitæ de brevitate queri."

"The death was sadder than its life even. A horrible sore destroyed its face, extending from its delicate mouth. Ulcers devoured those sweet lips and the funeral pyre has only received their fragments. If cruel death must wing its rapid flight why did it not take some other road? But it chose to close the utterance of that voice so full of childish charms," etc.

In his epitaph on Festus, who stoically awaited death, refusing to take poison to relieve his suffering, the disease of the man is thus described:

"Indignas premeret pestis tabida fauces,
Inque ipsos vultus serperet atra lues."

We translate literally. "A putrid ulceration is localized in his throat and extends to his face."

What was the nature of this affection? It is difficult to say. By reason of the advanced age of Festus it was probably a cancer.

After so many diseases¹ among the ancients, let us say a few words about convalescence.

It was the custom among Romans to make presents to those convalescing. Polycharmes seems to have abused this custom, for Martial says: "Every year thou art sick at least ten times. This is not displeasing to thee, Polycharmes, but it is to us. For each time that thou art healed, thou claimest from thy friends the gifts of convalescence (*soteria*). Have some modesty, Polycharmes, and have but one disease."

¹ The translator has omitted from all consideration the epigrams of Martial bearing on venereal diseases amongst the ancients. A very curious and interesting chapter, but, considering its eroticism, unfit for publication in an English journal. Besides, Dupouy's "History of Prostitution" has already been translated and reprinted from the LANCET-CLINIC; at least, those portions of the work needed for a perfect understanding of the subject. Rosenbaum's "Histoire de la syphilis dans l'antiquité," will afford the student any amount of curious information on points that need no further mention herein.—TRANSLATOR.

¹ Hippocrates, "Complete Works," xxviii and xxx, Section 6.

"Ægrotos uno decies, aut saepius, anno;
Nec tibi, sed nobis hoc, Polycharme, nocet.
Nam quoties surgis, soteria poscis amicos.
Sid pudor; aegrota jam, Polycharme, semel."

So Martial permitted him one more disease, the last, the only one we know not how to cure!

We have mentioned, in our chapter on Juvenal, the considerable place held by baths in the matter of Roman hygienes. These baths were constructed on a magnificent scale and were annexed to public gymnasiums for the exercise of the body, and for courses of public instruction in declamation and philosophy.

These *thermes* were composed of six principal pieces. The first, called *Spoliatatorium*, served as dressing rooms, where employes (*capsarii*) guarded the clothing of the bathers.

The second, *Sudatio* or *Laconicum*, held a dry stove in circular form, furnished with steps, with a domed ceiling above filled with warm air. In this dry air furnace one could submit himself to the influence of a hot atmosphere.

The third had the name of *Caldarium* or *Balneum*, composed of a shallow basin (*Labrum*), and a still deeper basin where one might swim (*Piscina*). These two basins were filled with hot water and were in common. For those who desired to bathe apart there were particular bath rooms (*solia*) placed on the sides of the bathing hall.

The fourth was the *Frigidarium*, a large pool not warmed, where one found cold water, into which a bather plunged for a few instants after leaving the *Caldarium*.

The fifth had a moderate temperature and was designated by the name *Tepidarium*. It was destined for scraping, rubbing and massage. After this the bather wrapped himself in wool coverings and induced a second sweating, milder than the first, followed by dry frictions destined to dry off the transpiration.

The sixth was the *Unctuarium*, destined for inunction of oils and perfumes, but every one did not patronize this department of the bath.

Such was a complete bath for the ancient Roman and it was used daily. The opening of the baths was announced by the sound of the trumpet and bells, as Martial says: "Sonat æs Thermarum." Now a certain Oppianus made it an ex-

ception to the rule about bathing and never frequented the public baths. Martial reproached him bitterly for this uncleanliness. "If thou goest not to bathe thyself in the baths of Etruscus, thou wilt die Oppianus in thine own filth."

"Etrusci nisi thermulis lavari
Illiota morieris, Oppiane."

"Never shall water charm thee again; neither the springs of Aponus, forbidden young girls, nor of the soft Sinuessa, the bubbling waves of Passer, nor the baths of Apollo, nor those of Baiæ, the first of all spring waters. No part of the sky is purer, nor the sun shines brighter and rests longer in the horizon. There one sees the marbles of Taygetes with green reflections, with rocks of more colored shades than that of the Phrygian mountains and the grottoes of Libya. A dry vapor warms the thick onyx, and the opnite is there penetrated by gentle heat. If thou wishest, following the example of the Lacedemonian, after resting a moment in the warm atmosphere, thou may'st plunge into the pool of the Virgin or of the Martius, of which the transparency is such that one doubts even seeing water. They might be taken for marble of Lyddos. Alas! thou payest no attention to my words, and the cavern of thy ear has not even the appearance of hearing me. Thou wilt die in thy filth, Oppianus."

"Non attendis et aure me supina,
Jamdudum quasi negligenter audis.
Illiota morieris, Oppiane."

All the world knows the Romans used enamels and artificial methods for beautifying. Ovid has left us an entire poem on cosmetics. The toilette of the Roman ladies was the most important part of their existence. The care of the hair required the attention of several slaves—the *fusca*, or chamber maid; the hair-dressers, *ciniſtones*, who did up the tresses of the fair ones; the *pectades*, who perfumed them; the *ornatrix*, who artistically arranged all the flowers on hair and costumes. When they were not satisfied with their hair-dresser they wore a wig, either blonde or blue. They also used pomade or philocomes, into which entered lentils, wort, Venus-hairs and sage, that darkened it. Saffron tinged it yellow. The blonde shade of hair was obtained from the use of vinegar and lentil oil, or,

better still, with quince juice mixed with that of privet. The women of the Roman aristocracy were epilated by sagae (midwives good for anything). They elongated their eyebrows and tinted their eyelashes with a needle blackened in smoke. Some took baths of asses' milk. They put mouches patches on the face as in the days of the French regency, when the duchesses and demoiselles disguised *en Pompadour*. We could not finish were we to enumerate all that served for the coquetry of Roman women. Let us now see what Martial says of all those different arts.

"They have not deceived me," says our poet, to Lydia, "when they boasted not of thy beautiful face, but of thy striking complexion. Thou art a wax figure."

He addresses Polla : "It is in vain that thou strivest to efface thy wrinkles with face powder, Polla. Thou seekest to de-lude but thou canst not deceive mine eyes. Accept thy defects.

He remarks to Gellia, one of the best customers of Cosmus the perfumer : "Everywhere thou enterest one would think to have met Cosmus, with all his perfumes escaping from broken bottles. All these superfluities please thee, Gellia, but thou knowest I might with them give the same qualities to my dog."

"Quod quacumque, venis, Cosmum migrare putamus,
Et fluere excusso cinnama fusa vitro.
Nolo peregrinis placeas tibi, Gellia, nugis.
Scis, puto, posse meum sic bene olere canem."

He accuses Lelia : "Thou hast no shame to wear false teeth and false hair! Why not wear an eye, too, Lelia?"

"Dentibus atque eosmis, nec te pudet, uteris emptis.
Quid facies oculo, Laelia? non emitur."

Of Fabulla he remarks : "She pretends her hair is her own; she does not lie, it is surely hers; Paulus paid for it."

"Jurat capillos esse, quos emit, suos,
Fabulla, numquid, Paule, pejerat? nego."

To one of the Old Guard, by the name of Galla, he offers the following compliment : "Whilst in thy home, Galla, they prepare thy dresses and friz thy false hair. At night thou removest thy teeth like thy robe, and then place thy charms

in a hundred different boxes, so that thy face doth not go to bed with thee."¹

It was especially on festive occasions that the wig was displayed. On the calends of January—that is to say, the first day of the year—the best received gift was a wig. If the *matronales* were the festivals of the Summer they were likewise the festivals of wigs. German and French hair was much sought after by the Roman wig makers, on account of their golden color.

The ancients, like moderns, knew the hearts of women well enough to see that no love could be made without obstacles, so used every charm that might captivate. Men in those days, like women, epilated, using generally an ointment made with the juice of the bryony root. The barbers used razors, too, then as now; it's an ancient art forsooth. One day our poet from Bilbibis wrote these lines : "Let those anxious to preserve themselves from crossing the Styx be wise and avoid the barber Antiochus. The priests of Cybele use a less terrible knife in their castrations. Alcon, the physician, has a lighter operating hand when he treats a hernia or reduces a fracture."

¹ It is necessary to remark that Martial had for his object only a criticism of the abuse of wigs, the bald heads—"calceatum caput," as he remarks in another epigram. For the use of wigs became general in the latter days of the Republic, and we find the proof in Ovid, Tibullus and Propertius. "It was a necessary ornament for the Roman head," remarks the Abbe Nadal, "and required an infinity of other heads, while the hair floated over the shoulders at the will of the wind, or dropped in tresses across an alabaster bosom." Sometimes it was arranged in crown shape, again raised to a peak so it disclosed a pretty ivory back. It was the Empress Plotina, wife of Trajan, who introduced wigs, *a' l' Andromaque*, raised by stages above the head and forming a kind of turban in three rolls. Of fourteen Roman medallions in possession of Adrien Valois, each head exhibits a different wig. Other medals, says De Guerle, show us the Imperial heads of Commodus, Poppaea, Julia, Euclie and Otho, ornamented by *capillaments*, the Roman name for wigs. They wore a *galerecon* of chenille; it was a kind of small cap that gave their features, with cavalier air, a peculiar charming appearance. The *corymbion* was for visits of etiquette, for promenades and the theatre. The Emperor Commodus wore a *corymbion* covered with gold powder. Caligula and Otho hid their baldness under a *galericon*. Cæsar, although bald, never wore a wig. His soldiers often joked him on his denuded cranium, and marching behind his chariot cried out : "Here comes the bald head, look out!" "*Calvum maecum diximus, mariti serratè uxores.*"

"Mitior implicatas Alcon secat enterocelas
Fractaque fabrili dedolat ossa manu."

"He shaves the chins of poor cynics and stoicks and cuts off the powdery hair of horses. He shaves the unfortunate. Prometheus, chained on a rock, would prefer the vulture that ate his liver to Antiochus. Behold his mark on my chin!"

"Haec quaecumque meo numeratis stigmenta mento."

"No old woman could use her finger-nails better. What do I owe Antiochus and his murderous razor? Of all living animals, one alone, the billy goat, has common sense; *he lives with his beard*, for fear of being shaved by Antiochus.

Under ancient Roman customs the least pretext served to break marriage by divorce. The dissolution of connubial bands required but few words: "*Res tuas tibi habeto*," or *Res tuas tibi agito*." Women carried their license further than men. Seneca complains ("Seneque De Benef.", liber iii, cap. xvi) that in place of dating from the Consulates they dated from the different husbands they had

changed from, and Juvenal affirms that women divorced on the least neglect on the part of a husband ("Juvenal," satire ix). Let us hope our modern juriconsults will never invoke that old Roman law, for which they ever profess a profound admiration.

And now let us conclude by saying, like Horace, "*Verum non amplius addam.*"

[*The End.*]

WHEN a child complains of pain in the knee for any length of time, without any evidence of local disease, invariably be on your guard. Nine times out of ten it means that the child has hip-joint disease.—*Med. Times.*

IN the incipient stage of coryza, when the patient sneezes and feels chilly, camphor is a valuable remedy.—*Med. Summary.*

CHRISTIAN Scientists say that as an evidence of the necessary faith the fee must invariably be in advance.—*Med. Times.*

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NEW SERIES VOL. XLVI.

MAY 18, 1901.

WHOLE VOLUME LXXXV.

VALEDICTORY ADDRESS.*

BY W. H. WENNING, A.M., M.D.,
CINCINNATI,

[NOTE.—For the data gleaned in this short sketch on the "Progress of Medicine" the writer desires to express his acknowledgment to the very readable work of Dr. H. S. Williams in the "Story of Nineteenth Century Science," and the papers of Drs. Osler and Keene in the "Progress of the Century by Eminent Specialists," both published by Harper Bros.]

Ladies and Gentlemen:

The close of any successful career in life is always a cause for congratulation. This pertains in a special manner to the student who, after years of laborious study, has at last reached the goal of his ambition; he may then look back with pride upon the result of his labors. So do we claim a just share in the congratulations bestowed upon those who have been under our charge for the past four years. The close bond that exists between teacher and pupil falls little short of affection, especially if the latter manifests as great an eagerness to imbibe knowledge as the former deems it a pleasure to impart the same. It would, therefore, be pardonable in me to praise the present class as the best that bid adieu to its Alma Mater, were I not mindful of the fact that our juniors have followed the course of their seniors with a critical eye, determined if possible, to excel them when their time shall roll around for similar honors. Not to disturb this friendly rivalry I will content myself with the remark that the graduates of this evening are equal to the best that have emanated from the Cincinnati College of Medicine and Surgery.

The constantly increasing demands of the State and the medical profession upon those who are to be entrusted with the preservation of the life and health of the

public require such close application to study in the many departments of medicine and surgery that those who have passed the ordeal have ample cause for self-congratulation, and well merit the best wishes of their friends. To the general public little is known what preliminary training is nowadays deemed essential for the candidate for medical honors before he is considered worthy of the title of physician. The enormous development of our science in the latter part of the past century, the close interdependence between medicine and the natural sciences, and the consequent necessity for all students of medicine to have obtained a good preliminary education, make the portals for the entrance of the disciples of Æsculapius more difficult of access. Through the whole civilized world the standard of proficiency has been raised, entrance examinations have become more rigid, and the qualifications for promotion correspondingly more exacting. In the Old World this change has been slow but sure; in our young country it has been rapid but none the less marked. When we consider the giant strides we have made in the cultivation of the arts and sciences, when we observe that America has accomplished in as many decades what has taken Europe centuries to attain, when we further witness the adaptability of the American mind to ever-changing environments and constantly increasing requirements, we may, indeed, felicitate ourselves on the final outcome of our endeavors.

The close of a college career offers the student a fitting opportunity to look backward and learn what were the stepping-stones by means of which he reached the

* Delivered at the Commencement Exercises of the Cincinnati College of Medicine and Surgery, May 1, 1901.

knowledge that he now boasts. Thus may we also collectively cast a retrospective glance over the period that lies behind us and ascertain by what roads we have reached the present highway of our science. We measure our own individual advancement by years, whereas the growth of science must be gauged by centuries. And as we have just rounded a century in the world's progress, it may be proper to review briefly the development of the science of medicine in the past one hundred years.

This has truly been a wonderful century. The great advancements made in all departments of learning, particularly in what are known as the natural sciences, call forth our delight and admiration. In no other period of time has been vouchsafed to us a similar era of progress. Not only have the old sciences been wonderfully perfected and in some instances entirely recast, but new departments of learning, formerly undreamed of, have sprung into life. We have learned to answer hitherto perplexing questions and to solve problems that had been considered incapable of solution. If this has been noted in the collateral sciences, it is none the less gratifying to assert that the science of medicine has kept pace with her sisters, whose attainments she has frequently made her own and whose aid she has often invoked for her own advancement and development. In order to thoroughly appreciate the position of medicine among the sciences to day it is only necessary to point to the present state of learning and compare it with our own science, when it will be found that she will not suffer by the comparison.

Medicine has been termed an art and a science. An art she has been from time immemorial, but she has attained the dignity of a science only since she has more closely allied herself with her sister sciences and adapted herself to the methods of research peculiar to them. Medicine as an art stands for empiricism, as a science she represents rationalism. For ages wedded to mysticism, whose natural outgrowth was empiricism, it was as late as the eighteenth century that she was led into the circle of the sciences, subject to their influence as well as in turn influencing them. Originally termed an inexact art, she has gradually approached the more exact sciences governed by the same principles as these. It is this open rationalistic

trend as opposed to occult empiricism which is the crowning glory of medicine of to-day. In no period of her history has she made such immense progress as in the century just concluded. The nineteenth is as far in advance of the eighteenth as the latter was ahead of three or four centuries immediately preceding. Time will not permit us to consider all the branches of our science that have benefited by these rapid strides of progress, nor can we enter into details in enumerating even the most marvelous changes that have obtained. We will allow them to pass, as it were, in a kaleidoscopic view before our eyes, contenting ourselves with the mere mention of their occurrence.

An important step in elevating the healing art to a science was the invention of instruments of precision for the purpose of ascertaining the seat and character of a disease, technically called making a diagnosis. In the latter part of the eighteenth century the German Avenbrugger devised the method of percussion, or striking the chest with the fingers, for the purpose of detecting the difference between normal and abnormal sounds of the heart and lungs. In the beginning of the nineteenth the Frenchman Corvisart popularized this invention by translating the original German publication of Avenbrugger into French, and as Paris was at that time the Mecca of physicians, thus made it known to the world. Another Frenchman, Laënnec, in 1815, made the discovery that by placing a hollow cylinder between his ear and the chest of a patient he could hear the sounds of the chest more clearly, and thus by the invention of his stethoscope added the method of auscultation to that of percussion. This is the birth of physical diagnosis.

The next step consisted in the endeavor to corroborate the finding of the diagnostician on the living subject by the anatominist on the dead body, and thus was laid the foundation for an entirely new branch of medicine, namely, Pathological Anatomy. General anatomy had, indeed, been practiced several centuries before this time, but the discrimination of the changes of certain organs in disease from their healthy state during life, and the corroboration of these changes by post-mortem examination, was of great practical moment in the treatment of these conditions. Hence, as a correct diagnosis is the fundamental

principle that must guide us in the proper treatment of disease, we record the first step in rational Therapeutics.

The improvements made upon the microscope which made it possible to delve into the minutest recesses of animal structure and discern objects foreign as well as natural to organic tissues, resulted in the origin of Microscopical Anatomy or Histology, as the doctrine of cell-life is called. The refinements of the organs of special sense as applied to the art of diagnosis mark a new era in the history of medicine.

Among the exact sciences chemistry had made immense strides forward, and after inorganic chemistry organic chemistry began to receive proper attention. When applied to such organic fluids as the blood, milk, urine, etc., its importance to the physician was at once recognized, and it was joyfully hailed as an additional member of the diagnostic family.

The *scalpel*, the *lens* and the *test-tube* may then be regarded as emblematic of the science of modern medicine. Hand in hand they work together to make us acquainted with those minute changes that are constantly occurring in health and disease. To them we owe the birth of entirely new departments which the student of to-day is supposed to master before entering upon the study of the more practical branches of medicine. The perfection of the microscope has given us the sciences of Biology, Histology and Bacteriology as amplifications of Anatomy, Physiology and Pathology. Experimental chemistry in its application to physiology has resulted in chemical physiology, which again has enriched our understanding of many obscure physiological processes in respiration, circulation and digestion.

The application of chemistry and microscopy to botany has extended our former *materia medica* into the broader science of Pharmacology. The art of the chemist in splitting up our remedies into their ultimate radicles has enabled him to artificially reproduce many natural combinations, constantly enriching our list of remedies by new and valuable additions. Inverting the process, chemical analysis has been followed by chemical synthesis. If the overshadowing influence of anatomy and physical diagnosis in the early part of the century led somewhat to the neglect of therapeutics, and in some quarters even to therapeutic nihilism, the application of

chemistry and microscopy to pharmacology in the latter part of this period has perfected our system of therapeutics by divesting our *materia medica* of its dross and inert material, replacing it with the more potent and exact active principles as contained in the alkaloids and other elementary substances.

The crowning event, however, and most far-reaching in its results, has been the origin of the new science of Bacteriology. The relation of germ life to disease has caused a complete revolution in pathology as well as therapeutics. The brilliant achievements of a Lister, a Pasteur, and a Koch, and others, are too well known to require further elucidation here. To them we owe the birth of antiseptis and asepsis in surgery. They have first taught us the necessity of absolute surgical cleanliness in all our manipulations, and entirely revolutionized modern surgery. Internal medicine has undergone likewise a correspondingly great change, not only in the germicidal treatment of certain infectious diseases, but in the direct utilization of these same microbes for the purpose of preventing the diseases of which they are the products.

It is a singular coincidence that as the end of the eighteenth century was characterized by the famous discovery of Jenner, that vaccination with cow-pox prevents the ravages of smallpox, the end of the nineteenth century is remarkable for the extension of this principle by the inoculation of attenuated virus in a number of infectious diseases. The memorable and successful experiments of Pasteur and his pupils in the preventive inoculations, first on animals and then on man, against chicken cholera, anthrax and hydrophobia, culminated in the equally successful anti-toxin treatment of Behring and Roux against diphtheria. This so-called serum treatment has been extended to other infectious diseases, and although the last chapter has not yet been written on this subject, the hope is not illusory that just as effectually as smallpox has been stamped out as an epidemic by the process of vaccination, so all other infectious diseases of a like character may one day be annihilated by the same principle of inoculation with an attenuated virus in its various forms. What effect this will have upon the therapeutic resources of the physician of the future is beyond our conception.

In connection with the serum treatment, attention may be directed to a similar innovation in therapeutics which has been designated as Organotherapy. When the celebrated physiologist, Brown-Séquard, a few years ago proposed the injection of a certain animal substance as a rejuvenant for approaching senility, his suggestion was ridiculed as the vagary of a once brilliant mind in a state of decadence. It was then little thought that the same principle would soon thereafter become a recognized form of treatment, inasmuch as certain animal substances were administered as a cure for degenerative changes in organs of which the former are the healthy product. An instance is the thyroid treatment for goitre. The question is still too new to arrive at any definite conclusion, although the results have been fairly successful in a number of instances. Vaccination or inoculation, antitoxin or serum treatment, and organotherapy are all modifications of the same principle.

If the study of germ-life and its bearings upon patho-refactive changes has culminated in the glorious discovery of antisepsis in the treatment of wounds, and has completely revolutionized modern surgery, little advance in practical results would have been made had not previously a method been discovered which robbed the surgeon's knife of its horrors and enabled the operator to eliminate time as a necessary element in his manipulations. No greater boon has ever been conferred upon mankind than the discovery of those agents which render the most formidable and most painful operations absolutely painless. Anesthesia is undoubtedly the most important medical discovery of the century. The names of Morton and Warren and Long of this country, and Simpson of England, who first demonstrated the possibility of inducing complete insensibility by the administration of ether and chloroform, should be written on tablets of gold and revered as the greatest benefactors of this or any age. We erect costly monuments to perpetuate the memory of great warriors and military leaders, whose glory rests in the questionable merit of having gained great victories at the cost of hundreds and thousands of human lives, whilst we permit the names of those who have been instrumental in saving thousands of lives and spared

thousands more untold agonies to fall into oblivion.

Commenting on the progress of surgery in the nineteenth century, one of the foremost American surgeons of to-day, Prof. Keen, of Philadelphia, says:

"These two discoveries, anesthesia and antisepsis, have revolutionized modern surgery. They have made possible operations which, by reason of their pain, length and danger, were utterly unjustifiable in former days, but are now the daily occupation of a busy surgeon. And far better than this, they have enabled us to bring to homes and hearts which otherwise would have been broken up and wrung with sorrow, the comfort of life restored to dear ones upon whom depended the support and happiness of families."

"Great theologians such as Calvin and Jonathan Edwards, were they recalled to life, could discourse as learnedly as ever on predestination and free will; great preachers, as Beecher and Spurgeon, could stir our souls and warm our hearts as of old; great jurists, as a Justinian or a Marshall, could expound the same principles of law which hold good for all time; great forensic orators, as a Burke or a Webster, could convince us by the same arguments and arouse us by the same invectives or the same eloquence that made our fathers willing captives to their silvery tongues. But to-day, so rapid has been our surgical progress, a Velpeau, a Sir William Ferguson, or a Pancoast, all of whom died within the last thirty years, could not teach modern principles, or perform a modern surgical operation. Even our every-day surgical vocabulary—staphylococcus, streptococcus, antisepsis, and asepsis, toxin and antitoxin—would be unintelligible jargon to him; and our modern operations on the brain, the chest, the abdomen and the pelvis would make him wonder whether we had lost our senses, until seeing almost uniform and almost painless recoveries he would thank God for the magnificent progress of the last half century, which had vouchsafed such magical—nay, such almost divine—power to the modern surgeon."

Far-reaching as these two great discoveries have been to the surgeon, they have also been of use to the physician. The increased knowledge of the essence and cause of disease has given a new impetus to the study of hygiene and State medi-

cine. With the knowledge that "an ounce of prevention is worth a pound of cure," the physician has become a public benefactor by pointing out to the community the cause of disease and acquainting it with the mode of prevention. He thereby proves that his is the most unselfish of all the professions, because he generously and gratuitously lays down the laws of health, by the non-observance of which he would otherwise be pecuniarily the gainer. Who can estimate how much life and property has been saved by the timely intervention of a medical officer or public health official, in forestalling murderous epidemics by proper isolation or inoculation? What practical benefits have accrued to the whole community by the application of the knowledge of the germ-origin of disease in such epidemics as typhoid fever, yellow fever, smallpox and diphtheria?

In the face of these facts it is incomprehensible that in spite of the efforts of a united medical profession to create in the Cabinet of the President an office of Secretary of Public Health, with full powers to enforce all sanitary laws, this request should so far have been refused. All honor is due our late fellow-citizen and professional brother, Dr. Cornelius Comegys, who devoted the last years of his long and busy life, although, in vain, to gain this point. Every possible division of political economy is honored with a representative in the Cabinet, from the Secretary of State down to the Secretary of Agriculture; but the foundation of all our prosperity, public health, remains unrepresented in the highest advisory council of the Nation. Preventive medicine is one of the triumphs of the nineteenth century, and the logical consequence of the better appreciation of the causes of disease. As our national prosperity will depend on the maintenance of health and life of the individual, our own self-interest should dictate the measures to be taken for the preservation of this greatest of all the gifts of Divine Providence. If the medical profession has pointed out the way, it behooves those in authority to heed the advice thus offered.

Another evidence of the more humanitarian tendencies of the nineteenth century is furnished by the great reform movement inaugurated about one hundred years ago in the treatment of the insane. Previous to this time these unfortunates

had been mistreated as criminals. Manacled and shackled, they had been thrown into prisons and dungeons to eke out a miserable existence, condemned as demon-possessed outcasts. To three men belongs the honor of having broken with tradition and rent asunder the chains that bound these unfortunates. Dr. Tuke, of England, Pinel, in France, and Benjamin Rush, in America, independent of each other, proved conclusively that mental insanity was a disease, and amenable to treatment as well as bodily ailments. Gradually the way was paved for the more humane care of these afflicted. Science itself was the gainer by this purely charitable effort, for the study of mental disease led to the evolution of psychology, and the closer scrutiny of diseases of the brain and the nervous system gave rise to a special department in medicine, known as Neurology.

The erection and multiplication of general hospitals and asylums for the infirm, although begun centuries before, is particularly noticeable at the present time. This has been a double benefit to both humanity and science. Gratiuous service by the best talent is thus rendered the sick and poor, and at the same time most thorough clinical instruction imparted to the student of medicine. For the most part the best equipped hospitals are also the greatest medical centres, where the acquisition of knowledge thus gained is again applied to the relief of the sick poor.

Another feature peculiar to the present age is the establishment of many private hospitals in localities where public institutions could not be maintained, or where, for some reason or another, they would not be patronized. This has had a good effect in wiping out the prejudice against hospital treatment, and proven to the laity that hospital treatment is often superior to home treatment. The great success following so many of the most dangerous and difficult operations, especially in reference to antisepsis and asepsis, is directly due to this cause. It has, furthermore, brought home to us the importance of the art of nursing, and raised the trained nurse, this most valuable auxiliary to the physician and surgeon, to the rank of an honored guild in the profession, which is entitled to an equal share in the blessings of modern medicine.

The present year calls to mind the cen-

tenary of one of the most valuable aids to our science by one of the natural sciences. In the year 1801 Mr. Thomas Wedgwood and Sir Humphry Davy made experiments which showed that it was possible to secure the imprint of a translucent body upon a chemically prepared plate by exposure to sunlight. These imprints, owing to the want of development, bore a striking resemblance to what are known as shadow-pictures or skiagraphs to-day. It was nearly a half-century before these indistinct pictures ended in the perfection of photography. Towards the end of the present century a German physicist, Prof. Roentgen, of Wuertzburg, startled the world by the manifestation of a new energy by which unseen or opaque objects could be made visible to the human eye. The Roentgen ray, or, as it was called by the discoverer, the X-ray, found its earliest demonstration in the portrayal of the outlines of the human body through an opaque object. This discovery, although it has already given invaluable service to the surgeon, particularly in surgical diagnosis, is yet in its infancy, and will undoubtedly revolutionize the whole art of diagnosis by enabling the diagnostician of the future to see all that the senses of touch and hearing can vaguely suggest. Just as photography in its perfection to-day reflects the minutest details of the exterior of a body, so will one day radiography depict the faintest outlines of the interior.

In this short sketch only the most startling and most important contributions to the science of medicine have been imperfectly recounted. Among the instruments of precision we have omitted the sphygmograph, the ophthalmoscope, the laryngoscope, the cystoscope—in fact, all of the paraphernalia of the specialist. We have failed to notice the first ovariotomy performed by McDowell, in Kentucky, in 1828, before the days of anesthesia and antisepsis, but which, nevertheless, was the corner-stone to that grand structure of the century—abdominal surgery. We have not touched upon the boon conferred upon a long-suffering womanhood by that chivalrous American, Marion Sims, in his many new and epoch-making operations in gynecological surgery. We could expatiate upon this and many other special departments—as this, indeed, is the age of specialism—if time permit, but we

must refrain, and conclude with the statement that medicine to-day is in the front rank with the other arts and sciences, eagerly stretching out her hands to pluck the fruit as it ripens on the tree of knowledge, ready to apply it to her own uses, and all for the one grand final purpose—the relief of a suffering humanity.

Gentlemen of the Graduating Class: The object of your ardent desires and strenuous efforts has been fulfilled. You have been enrolled as members of that profession to which you intend to devote yourselves for the remainder of your lives. This step, I am sure, you have taken only after mature deliberation. You have bent all your energies for the past four years towards the consummation of this act. Day after day you have listened with eager attention to the voices of your late teachers, ready to absorb all the knowledge that must fit you for the exercise of your calling, and which you must be ever ready to apply to the relief of suffering mankind. Possibly you have originally made your choice from a love of science alone, but you have soon learned that a deeper humanitarian feeling must pervade the purely scientific aspects of our craft. The practice of medicine is a vocation as well as a profession. If you have chosen it simply as a business venture, if your motives are mercenary rather than humanitarian, if you are not willing to place the health of your patients above your own comforts, if you hesitate to make any act of self-sacrifice when duty demands it, then you have missed your vocation; it is yet time for you to turn back and adopt a pursuit in life that is more congenial to your interests.

Next to the minister of religion, the office of the physician is most sacred and divine. As the former is the guardian of the souls of his flock, so is the latter the keeper of the lives of those placed under his care. It will depend upon his judgment, diligence and skill, whether this trust is worthily bestowed. It was not a mere coincidence that from the earliest dawn of history, and for many centuries afterward, the priest and physician were united in one person, as he is among the uncivilized tribes even at the present day. The alliance between religion and medicine is most intimate; hence, it is not alone a material trust that will be placed in you.

In the ministrations of your office you will be made the repository of many a harrowing and embarrassing secret, that you will guard with the sacredness of the confessional. What the priest is to his parishioner, what the lawyer is to his client, that the physician must be to his patient; let him be worthy of the confidence with which he is honored. Probity of character is therefore the first essential of the true physician. If you have read the oath of Hippocrates, the Father of Medicine, by which he bound his disciples, you will have observed the deep moral spirit that pervades this classic document. Even if the religious ceremony of such a conjuration is no longer customary, the obligations contained therein are none the less binding for all times.

Sickness, suffering and sorrow are the daily companions of the physician, for the alleviation of which he must set aside personal profit and pleasure. Will you be equal to the task?

Hitherto you have been medical students, and students of medicine you must remain for ever after. Never cease to inform yourselves thoroughly of the progress of your profession. It is only by constant application to study that you will be of future permanent benefit to your patients. You have just listened to my short and imperfect sketch of the progress of medicine in a small part of the world's age. Your teachers here this evening who have occupied your places little more than a quarter century ago have witnessed most of the phenomenal changes that have occurred in this short space of time. You are better equipped for the exercise than they were in their day; your preliminary training has been superior in those new sciences that have been the result of the great discoveries in the last few decades. Another Pasteur, Koch or Lister; another Morton, Warren or Simpson; another McDowell or Sims may rise out of your ranks as they shone forth out of their class, provided you follow in the footsteps illuminated for you by these shining lights of the century.

Always remain in the front rank of the regular profession. The road is wide enough to accommodate you all, without necessitating excursions into the crooked by-paths of quackery and deceit. True scientific medicine knows no artificial bounds; it always exercises a healthy

eclecticism and refuses to be hemmed in by any preconceived notions or exclusive dogmas. There are heresies in medicine as well as in religion. Do not be misled into any of the various '*pathies*', no matter what their prefixes may be. There is but one true *pathology*, or science of disease, and that is the cult which has adopted as her handmaids the principles that govern the grand circle of natural sciences, most catholic in spirit, most critical in selection. Never forget that all great discoveries and inventions that have been of any benefit to mankind in any of the disciplines of medicine have been achieved alone by the devotees of the regular art and science of medicine.

The friendships that you have formed as students should be prototypes of your associations as physicians. "In union there is strength." Therefore do not hesitate to join some medical society—city, county, State or National—where, by constant attrition with congenial minds, you will sharpen your own intellect and broaden your vistas of knowledge. There is no greater educator than the discussions and debates of a medical society. A membership will give you caste in your own circle and raise you in the estimation of your patrons. Men of erudition always form associations for the furtherance of science; it is only the pretender and charlatan who stands alone and practices his sinister art in selfish obscurity.

In your intercourse with your professional brethren you will always be guided by the instincts of the true gentleman. The medical profession is the only one, in this country at least, that has formulated a code of ethics of its own for the guidance of its members, but even this, useful as it may be, will be unnecessary as a rule of conduct, which is sufficiently comprehended in the terse scriptural injunction: "*Do unto others as you would have them do unto you.*"

In your administrations you will meet with success, but at times also with failures. The human body is the most complex machinery that has emanated from the hands of its Maker. It is absolutely impossible for any one mind to grasp all its intricacies and paradoxes. Give every case your best thought and skill, but do not hesitate to call in proper counsel when, in your judgment, additional advice is desirable; but do you also

just as positively assert your authority when it is unnecessary and when you are sure of your own ability. Modesty is a virtue, but pusillanimity is not true modesty.

The exercise of charity is its own reward. For this reason rely more upon the internal satisfaction which follows the good deed than upon the external manifestation of gratitude on the part of your patients. Too often you will reap censure where you merit praise. Some one has said that the gratitude of a patient is like the disease from which he suffers—it is greatest when the fever is at its height, diminishes with the stage of defervescence, and disappears altogether with the period of recovery. The same idea must have been running through the head of the old poet Ben Johnson when he wrote:

"God and the Doctor we most adore,
But only when in trouble, not before;
The trouble o'er both are alike required,
God is forgotten and the Doctor slighted."

Which is only another way of expressing the sentiment of the old doggerel :

"The devil was sick, the devil a saint would be;
The devil was well, the devil a saint was he!"

This, however, should not deter you from doing your full duty, even at the risk of incurring displeasure. You will at times be tempted to set aside those lofty moral principles which have formed the basis of our teachings, under the promise of temporary gain, or perhaps an appeal is accompanied with the tears of the victim of misplaced confidence. Your course is plain :

"Do right; though pain and anguish be thy lot,
Thy heart will cheer thee when the pain's forgot.
Do wrong for pleasure's sake, then count thy gains;
The pleasure soon departs, the sin remains."

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The Frequency of Gall-Stones.

According to Kehr, gall-stones are found present in 10 per cent. of all (adult) autopsies, and give rise to no symptoms in about 95 per cent. of cases in which they are present.—*Modern Medicine*.

A PERSISTENT occipital headache will be permanently relieved by the administration of full doses of diluted phosphoric acid, in water, especially if due to nerve exhaustion.—*Med. Summary*.

PROGRESSIVE MEDICINE.*

BY FRANKLIN HEADY LAMB, Sc.B., M.D.,
CINCINNATI,
INTERNE IN THE CINCINNATI HOSPITAL.

Gentlemen of the Faculty and Fellow-Alumni:

When Justinian closed the schools of Athens, we are told that the followers of Plato and Aristotle, as a mark of esteem and veneration for their teachers, lingered around the familiar porticos and groves, which had been made sacred to them by the wisdom and eloquence of those great philosophers, to say a last farewell.

In that same spirit and purpose we are gathered here to-night. Our college days are over; our halls and lecture-rooms are closed behind us, and we are lingering here around these banquet-tables, loth to say good-bye to you and to our Alma Mater.

What higher motive than to instruct young men in that profession which has for its object the preservation of health and the prolongation of life? What higher calling than to assist where deadly poisons are to be administered, which would be criminal for a layman to give; where the knife lays its sharp edge on the vitals, which, should another employ, would label him an assassin; where men are permitted to observe organs and functions forbidden to the profane eye and wanton touch? What duty more responsible and honorable than to prepare young men for that profession where they hold the secrets of their patients relating to vicious diseases, and the keys to happiness and honor, to life and death?

My class-mates have chosen me to say farewell to you to-night, and to express to you our appreciation of your kindness and our gratitude for your untiring efforts to place us on the same high plane with the best medical graduates of to-day, qualified to go forth into the world to intelligently fight the battle against disease and death.

The profession of medicine is a noble profession. It embodies the experience of ages. It comprehends the intellect of centuries. Developing out of Grecian mythology, where healing was thought to be of Divine origin, medicine (sometimes

* Response of the class of 1901, Miami Medical College, at the annual banquet given by the Society of the Alumni, at the Burnet House, Cincinnati, May 1, 1901.

slowly, sometimes rapidly) has been gathering wisdom for thousands of years.

At no period of its development did it make such gigantic strides as during the last century, so that modern medicine, as we know it to-day, is almost a new science; scientific medicine, indeed, had scarcely an existence one hundred years ago.

The class of 1901, the first to graduate from "Old Miami" in this new century, begins its professional life in a period of alertness and upheaval. Powerful forces are at work everywhere, clearing new pathways, sweeping obstacles before them, hewing into barriers here and building new galleries there. Restless activity is undermining much of what is old, and asking if it would not be better to sweep it all away and construct everything anew on different lines.

No one can foretell what changes may take place in the next few years; would it not be wise, therefore, at the beginning of this new century to pause for a moment in order to see what advances have been made in medicine in the past one hundred years?

Let us look first at Anatomy. Gross Anatomy, it is true, had probably reached a point at the beginning of the last century where further progress would be but limited and very slow. But Bichat's work on General Anatomy, published at that time, was instrumental in ushering in a new field of research—that of Microscopic Anatomy. It is in this branch of anatomy that most rapid progress has been made. The corner-stone of an epoch in scientific medicine, which will probably never again be equalled in medical history, was laid by Schwann in 1839, when he discovered that all living matter, both animal and vegetable, was composed of cells.

From this cell theory, proven and elaborated a few years later by Goodsir and Virchow, have grown three of the fundamental branches of modern medicine, viz., Histology, Pathological Histology, and Embryology. And, by the aid of this discovery, we are able to explain many of the obscure problems in other branches of medicine.

These vast forests of research and experimentation, so vitally connected with medical progress, all budding from their parent, Anatomy, have grown from acorns

into stalwart oaks in the last sixty years, and are still spreading out their branches toward the sunlight and the truth.

The advances in physiology, too, have been marvelous. The functions of the various parts of the central nervous system have nearly all been explained, and so have many of the so-called vital properties of life. In this short address I cannot hope to even summarize the main steps of advancement, but I should like to call your attention to one discovery made by Alexander Beaumont, a loyal American citizen and a surgeon of the United States Army. Buried in the heart of the Northern pine forests, far away from civilization and the scientific world, this man carried out alone a series of experiments on the unfortunate Alexis St. Martin which raised the physiology of digestion out of the realm of theory and speculation and placed it on a sound and rational basis.

Chemistry also has not been inactive. It has placed in our hands many valuable remedies, as the bromides, ether, chloroform, and nitro-glycerine. It has analyzed our secretions and shown us the changes that take place in them when morbid processes are going on within our bodies. It has isolated the active principles from many of the crude drugs, and has raised therapeutics to the high standard it occupies to-day.

Bacteriology was not heard of one hundred years ago. Now it occupies a place of greatest importance. It has given us the etiology of many of the acute diseases of mankind. It has torn away the veil of mystery and terror from the great plagues, which, at one time, were thought to be visitations of the wrath of God, and it has given us also intelligent methods for stamping out these scourges which formerly depopulated whole countries. It has given us a specific remedy for diphtheria, and has demonstrated the cause of the "great white plague," consumption.

Internal medicine, also, the oldest of all the branches, has undergone many changes. Much of this advance has been due to the careful study of the morbid processes and to the perfection of the methods of physical examination. Diagnosis has developed from a mere description of the diseases above or below the diaphragm into an almost exact science. Large doses have given way to smaller doses often re-

peated, while hypodermic medication has given us a prompter and more efficient method of analgesia and stimulation than could possibly be obtained by administering the drug through the mouth.

But the achievements in surgery have been greater in this century than in all other centuries combined. The introduction of antisepsis and anesthesia has made many operations successful that would have been hopelessly fatal before. The abdomen can now be opened with comparative impunity, and diseased appendices, spleens, and even large portions of the bowels removed. The cranial cavity is no longer an unexplored region. Trephining is quite a common operation to-day. Fragments in depressed fractures are raised or entirely removed, abscesses are drained and brain tumors excised. Pain, laudable pus, and secondary hemorrhage are terms now obsolete.

Class-mates, in this wonderful age of advancement we have just started on our career. We cannot hope to embrace and excel in all the branches of medicine, but with our youth and health and ambition let us strive to climb high up in the great tree of medical knowledge. Some of us will probably linger among the larger and unproductive branches; others will follow some inviting branch along its divisions and sub-divisions until they find themselves far to one side of the main current of its life, perplexed, and studying a handful of ever-dividing fibres with their sky darkened by crowding foliage.

It may be reserved for the gigantic capacity of a few to grasp, in one comprehensive glance, all its outspreading branches, from the single leaf to the massive trunk, in all the complexity of their relations, and to discern the fruit and gather the abundant harvest.

Members of the Faculty and Alumni, it is in this profession, then, the one you now adorn, to which we aspire. We are emulous of success there, and because of the preparation we have received from you we feel better qualified for it. The relation of instructor and instructed will not be severed without great regret on our part, and we shall not forget the associations begotten by the friendly intercourse of the last few years.

In closing, I should like to express for the class our acknowledgments for the kindly interest you have shown in us, and

to say many words of praise; but I know that "Eulogy is pointless where fame is as broad as the land and praise is not needed by those in highest positions" in their chosen profession.

Prevention of Vomiting Due to Anesthesia.

To prevent vomiting caused by anesthesia, L. Lewin (*Deutsche Med. Wochenschrift*) is of the opinion that the larger share of the nausea following the use of general anesthetics is gastric rather than general in its origin. A considerable amount of the anesthetic is undoubtedly swallowed, either dissolved in the saliva or in vapor, and a very appreciable irritation of the gastric mucosa follows. Two methods suggest themselves for the prevention of this effect; one preliminary anesthetization of the lining of the stomach, and the other the introduction of some substance which shall act as a protective to the stomach-wall. The first object may be obtained by the administration of a considerable quantity of dilute cocaine solution, while mucilages of acacia, tragacanth, or Irish moss, introduced immediately before the anesthesia is begun, would undoubtedly protect the nerve endings and prevent the irritating action of the aerial vapor.—*Denver Med. Times*.

Acetic Acid as an Antiseptic.

Fürst, in the *Deutsche Aerzte Zeitung*, speaks of the ordinary vinegar of the household as an efficient antiseptic for the hands of the surgeon in cases of emergency when no other disinfectant can be obtained. After washing the hands with hot water and a potassium soap, and rinsing in hot water, Fürst dips the hands into a warm solution of vinegar. The latter, in the strength of 0.6 per cent. to 1 per cent., inhibits the growth of some non-pathogenic germs and kills many pathogenic organisms.—*New York Med. Journal*.

It is said that the Board of Education of Philadelphia is about to undertake to train school-children to be ambidextrous, through a regular course of exercises to be carried out at the schools. The success of the experiment will be watched with interest.—*Med. Times*.

VALVES OF THE RECTUM.

BY GEO. J. MONROE, M.D.,
LOUISVILLE, KY.

There is a somewhat interesting discussion going on between Dr. Thomas Charles Martin, of Cleveland, O., and Dr. Joseph M. Mathews, of our city, in relation to the so-called valves of the rectum, and the expediency of an operation upon these valves, which has been given the name valvotomy. As a rectal specialist of thirty years, I consider it my duty to express my opinion in regard to this matter.

In Dr. Mathews' paper in the January number of the Louisville *Journal of Medicine and Surgery*, entitled "Some More Fallacies in the Practice of Diseases of the Rectum," he severely attacks and condemns many things. Some—in fact, the majority—of the operations he objects to in the treatment of rectal diseases I heartily endorse. There is one method which he condemns in the treatment of hemorrhoids which I cannot agree with, and that is the hypodermic injection of carbolic acid. I heard Dr. Mathews say nearly twenty years ago that this method of treatment had been downed, never again to be resurrected. As a matter of fact this treatment never has been downed, and I believe never will be downed, as it most certainly is a valuable and efficient treatment in selected cases if properly used. The way that it was promiscuously used twenty years ago required condemnation, but the way it is used to-day by many of the very best surgeons in this country deserves commendation. It is finding its place in the treatment of rectal diseases.

In regard to the pockets of the anal inch being an abnormal condition, or being a condition produced by disease, I believe is a fallacy. These pockets are a normal condition, and I believe can be found in any healthy rectum. Therefore, in regard to opening these pockets, or cutting them out, or the removal of the lower inch of the rectum for supposed reflexes, I, with Dr. Mathews, condemn entirely. I look upon this method of treatment to be an absolute absurdity.

In regard to Dr. Wolford Hall's treatment of constipation and other diseases by very large injections into the rectum and colon, which Dr. Mathews refers to, has been extensively used and found to be wanting. The occasional use of an enema

is good, especially where the bowel does not empty itself freely. When we use an injection I do not believe we ought to use more than a quart of water, and I am inclined to think that a pint would be better. Even this small quantity should not be used very often, not to exceed once or at most twice a week. If it is used every day a habit is formed and no evacuation will take place unless it is used. I am satisfied it really produces constipation in place of relieving it.

I agree with Dr. Mathews in condemnation of using long, hard metallic instruments in examination of the rectum for ulceration. Even the introduction of any rectal speculum oft repeated is harmful. I believe we should get along without the use of a speculum as much as we possibly can. With the general symptoms that rectal diseases produce and an educated index finger there is very little necessity for metallic instruments or rectal speculums in diagnosing rectal diseases. The longer I treat rectal diseases the less use I find for rectal speculums.

I must say that I entirely agree with Dr. Mathews in regard to rectal valves. I do not believe they exist. I have looked for these valves for many years, and have never been able to find them. Since Dr. Martin has revived the idea of their existence I have examined more closely than before, and in over fifty cases where I have searched for them I have failed to find them. We do find in an empty rectum folds of mucous membrane, but they are by no means valves; neither has this condition anything whatever to do in producing constipation, or what is now called obstipation. If the rectum is full these folds disappear entirely, which would not be the case were they valves. Introduce a speculum into the rectum and at the upper end of it will be noticed these folds. Fill the rectum either with water or air and they disappear. I doubt very much if a rectal speculum four inches in length will enable us to examine eight inches of the rectum, as Dr. Martin claims. I have tried it since seeing his criticism of Dr. Mathews, and although I could press up the soft parts considerably, I found the rectum ascended with them. I measured in two cases, and found that I could not obtain a view of the rectum much above the length of the speculum.

New causes of disease and symptoms

are being found all of the time in this investigating, progressive age, but I do not believe that rectal valves are either a new or an old cause of constipation, because I do not believe they exist. If we find any part of the rectum contracted I boldly say it is an abnormal condition. It is the result of traumatism, deformity or disease. It is a stricture, if the calibre of the gut is lessened. Of course, it is possible to cut or dilate these strictures, and thus relieve constipation, and I believe this was the case in the lady that Dr. Martin refers to. I have had a good many cases with similar results where I have cut and dilated strictures of the rectum. I have also had a number of cases where this has been done where there has been no return of the strictured condition and no return of the constipation. This would seem to prove that the strictures were of a benign character. My experience has been when the strictures have resulted from syphilis, tuberculosis or cancer, that cutting them only gives temporary relief. Of course, if caused by trauma we would expect a favorable result from cutting and dilation.

Acute Nephritis Following Influenza.

Freeman (*Archives of Pediatrics*) has investigated the literature upon this subject and reports in detail one case. His conclusions, based upon a very limited number of cases, are as follows:

1. Although albuminuria is fairly frequent with influenza, nephritis is a rare complication.
2. The nephritis complicating influenza is clinically of the acute hemorrhagic type and morphologically shows toxic lesions.
3. It apparently attacks children more often than adults.
4. The kidney disturbance may appear a few days after the acute symptoms of the influenza, or as long as a month later.
5. The prognosis is good.—*Med. Standard.*

PERSISTENT headache during pregnancy and neuralgia of the stomach point to the presence of albuminuria and uremic poisoning.—*Med. Summary.*

SMALL doses of nitroglycerin given fore any cause, just prior to the menstrual epoch, will often prevent the flow entirely.—*Med. Summary.*

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SATURDAY, MAY 18, 1901.

HOT-WATER VAGINAL INJECTIONS.

In female pelvic troubles there is no one remedial measure that is so much used and gives such good results as hot-water vaginal injections. As much used and useful as this measure is, it too frequently is prescribed in a perfunctory manner, with but little thought of the physiological effects of hot water on the tissues.

Observing the effect of hot water on the washer-woman's hands teaches us how to use hot water in the vagina to get a similar result there. Immersing the hands in hot water for four or five minutes causes swelling of the hands—influx of the blood; keeping the hands in for fifteen or twenty minutes will cause shriveling of the hands—efflux of blood. These same results are gotten in the vagina according to the length of time the hot water is kept in contact with the parts. One quart of water passed through the vagina rapidly—and this takes but little over two minutes when the reservoir is two feet above the ordinary three-hole nozzle of the fountain syringe—has the effect of congesting the pelvic contents. In order to drive the blood from the pelvis an abundance of water is needed, and the patient must be put in that position which will give her the most benefit from a long contact with a fair body of hot water.

To take a hot vaginal douche for the purpose of depleting the pelvis, the patient should lie on the back in a bath-tub or on a board so arranged as to drain the water into a waste vessel. It is well to elevate the pelvis so as to back up the water in the vagina, especially when the perineum is so torn that it will not act as a dam to the water in the vagina. The reservoir should be about two feet above the patient and of about three gallons capacity. Three gallons of water at 110° to 120° F. passed slowly through the vagina will give results not to be attained with a half-gallon douche. The ordinary wooden bucket makes a good reservoir from which the water can be syphoned or taken from a tap.

To get results from a measure so useful, the physician must look after details, giving the patient ample instructions, and at the next visit see that they have been carried out. Some physicians deem this measure of so great importance that they give printed instructions to their patients, so that there will be no forgetting of any detail.

The hot vaginal douche, properly given, is of the greatest service in congestive and inflammatory conditions of the pelvis, reducing inflammatory exudates and often curing leucorrhæal discharges which come from causes that we cannot easily acquaint ourselves with. It should not be used during the menstrual period, and the two or three days before and after that time.

J. A. J.

THE OHIO STATE MEDICAL SOCIETY.

The professional event of the week that is past was the meeting in Cincinnati of the Ohio State Medical Society. That the gathering was in all of its details a success may be said, in stereotyped phraseology, to go without saying. The attendance in point of numbers was excellent, only a single feature being lamentably noticeable, which was observed in the

very large number of physicians who were present but did not register. Non members were constantly in evidence, sitting on front seats in the Cathedral and as patrons of the exhibitors' stands. Modesty is a word not written in the vocabulary of the class to which reference is made. Mention being made of the number of non-members present, a member of the State Board of Health said he was glad to see them present at the sessions of the State Society, because they constituted a class which it was exceedingly desirable to reach, and that by and by they would quietly register and become identified with the society. In many instances this is a logical fate of the unregistered.

The President's address was a timely arraignment of the advertising columns of the religious newspapers. The address of Dr. Billings was begun with an apology, the doctor having left his manuscript at home, but, true man that he was, briefly stated the facts in the case and proceeded to make a masterly presentation of the general subject of therapeutics.

The address on surgery, by Dr. Wyeth, entertained his hearers to such an extent that every one wished he had said more.

The papers in general were excellent, and so were the discussions. A criticism made was in a curtailment of the time allotted to the readers and to those who made response in discussion. It is a good thing to be brief, and that no unnecessary time be lost, but economy in this line may become a serious fault. Better that there be fewer papers and more time for their deliberation. Nearly every author of a paper was present. The exhibits were unusually fine, perhaps the best ever before seen at a State society meeting.

The members of the society were profuse in their expressions pertaining to the generous entertainment afforded by the local profession. There was nothing below the Cincinnati standard of excellence in such affairs.

The Society held its annual election of officers at its second day's session. Dr. E. C. Brush, of Zanesville, was elected President. Dr. E. Gustav Zinke First Vice-President, Dr. S. S. Halderman, Second Vice-President, Dr. J. C. Floyd, Third Vice-President, Dr. P. M. Foshay, Secretary, Dr. J. A. Duncan, Treasurer. The next annual session will be held in Toledo. Committees on Finance, Ethics, Publication, Legislation, Admission to Medical Societies, and Growth and Prosperity were appointed. A resolution was passed unanimously that a petition be presented to Governor Nash asking that Dr. A. P. Olmacher be retained as Pathologist at the Epileptic Asylum, and a committee was appointed to wait upon the Governor.

EDITORIAL NOTES.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—It is announced that the dates of the next meeting have been changed from the 10th, 11th and 12th of September to the 12th, 13th and 14th of September. This change has been made necessary because the dates first selected conflicted with another large association meeting at the same place.

The meeting is to be held at the Hotel Victory, Put-in-Bay Island, Lake Erie, O., and the low rate of one cent a mile for the round trip will be in effect for the meeting. Tickets will be on sale as late as September 12, good returning without extension until September 15. By depositing tickets with the Joint Agent at Cleveland and paying fifty cents the date can be extended until October 8. This gives members an opportunity of visiting the Pan-American Exposition at Buffalo, to which very low rates by rail and water will be in effect from Cleveland.

Full information as to rates can be obtained by addressing the Secretary, Dr. Henry E. Tuley, 111 West Kentucky Street, Louisville, Ky. Members of the

profession are cordially invited to attend this meeting.

Those desiring to read papers should notify the Secretary at an early date.

AMERICAN DERMATOLOGICAL ASSOCIATION.—Following is the programme of the twenty-fifth annual meeting, to be held at the Beach Hotel, Chicago, May 30 and 31 and June 1, 1901:

FIRST DAY—THURSDAY, MAY 30.

Business meeting (with closed doors) at 9 A.M.
Report of Council.
Nomination of Officers for the Ensuing Year.
Appointment of Auditing Committee.
Report of the Committee on Nominations.
Proposals for Active and Honorary Membership.
Miscellaneous business.

MORNING SESSION AT 10 A.M.

1. Address by the President. Dr. Francis J. Shepherd.
2. (a) Linear Nevus; (b) Demonstration of a Pathogenic Fungus. Dr. D. W. Montgomery.
3. Lichen Planus as a Vesicular or Bullous Disease. Dr. C. W. Allen.
4. Sarcoma and the Sarcoid Growths of the Skin. Dr. J. C. Johnston.
5. Leukemic Lesions of the Skin. Dr. G. W. Wende.
6. Preliminary Note Relative to a Rare Dermatosis. Dr. J. N. Hyde.

EVENING SESSION AT 8 P.M.

7. Report of the Committee on Nomenclature.
8. (a) Etiology of Acne Vulgaris; (b) Lantern-Slides Illustrating the Pathology and Bacteriology of Acne Vulgaris. Lantern-Slides of Other Interesting Cases. Dr. T. C. Gilchrist.
9. Lantern-Slide Illustrations of Small-Pox, with Remarks. Dr. S. Pollitzer.
10. Two Cases of Papular Disease Affecting the Axillæ, with Pathological Report. Drs. G. H. Fox and J. A. Fordyce.
11. A Case of Dermatitis Vegetans of the Inguinal Region and Inner Surface of the Thighs. Dr. M. B. Hartzell.
12. A Case of Blastomycetic Dermatitis Cured with Potassium Iodide. Dr. F. J. Shepherd.
13. Some Remarks on Blastomycetic and Protozoic Dermatitis. Dr. T. C. Gilchrist.
14. A Brief Report of Two Hitherto Unrecorded Cases of Blastomycosis of the Skin. Dr. F. H. Montgomery.
15. Further Report of a Previously Recorded Case of Blastomycosis of the Skin; Systemic Infection with Blastomycetes; Death; Autopsy. Drs. F. H. Montgomery and J. W. Walker.

SECOND DAY—FRIDAY, MAY 31.

Business meeting (with closed doors) at 9 A.M.
Report of Treasurer and Auditing Committee.
Election of Officers.
Election of Active and Honorary Members.

**Selection of Time and Place of Next Meeting.
Miscellaneous Business.**

MORNING SESSION AT 10 A.M.

16. General Discussion: Diseases of the Nails:
(a) Symptomatology, Etiology, Pathology and Diagnosis of: (1) Parasitic Diseases, Dr. Jos. Grindon; (2) Inflammatory Diseases, Dr. S. Pollitzer; (3) Trophic Diseases, Dr. Jos. Zeisler;
(b) Treatment, Dr. W. A. Hardaway.

17. The Pathology of Prurigo. Dr. O. H. Holder.

18. Therapeutic Notes on Sulphur Cream, Goose Grease and Crude Petroleum. Dr. G. T. Jackson.

19. Report of the Committee on Statistics.

AFTERNOON SESSION AT 3 P.M.

20. Symmetrical Keratoderma of the Palms and Soles in a Patient with Multiple Neuritis. Dr. J. A. Fordyce.

21. (a) The Value of Intrafollicular Applications in Certain Follicular Diseases; (b) A Case of Probable Pressure Gangrene of the Face in a New-Born Child, with Portrait. Dr. E. B. Bronson.

22. An Extraordinary Case of Quinine Susceptibility. Dr. H. W. Stelwagon.

23. Colloid Degeneration of the Skin. Dr. C. J. White.

24. Multiple Nodular Melanocarcinoma Originated from a Nevus. Dr. A. Ravagli.

25. The Use of the Roentgen Rays in Skin Diseases; a Review of Recent Literature and a Personal Experience. Dr. W. A. Pusey.

**THIRD DAY—SATURDAY, JUNE 1—MORNING
SESSION AT 10 A.M.**

Exhibition of Patients.

On Thursday and Friday there will be an exhibition of photographs, drawings, microscopical preparations, etc., provided by the local committee, Drs. Hyde, Zeisler, Montgomery and Pusey. A separate room has been secured for this exhibit to which every member is urged to contribute. When possible a brief description should be appended to each article exhibited.

The attention of the members is called to an ordinance of the Association requiring that any member who shall read a paper before the Association shall place a copy of the same in the secretary's hands at the time of reading.

In case of unavoidable absence from the meeting, papers announced should be forwarded to the secretary.

DR. SMITHWICK, of La Grange, N. C., in the Jan., 1901, number of the *Maryland Med. Journal*, says: "When, in disease, bed-sores occur we must use the best means for healing them and making the patient comfortable. In my experience I have tried a great many things, but have come to the conclusion, which is substantiated by clinical results, that I obtain the best results by thoroughly washing the parts with warm normal salt solution, bathing in peroxide of hydrogen, and dressing in pledgets of cotton or strips of gauze soaked in Ecthol. This dressing is repeated once, twice or thrice daily as the urgency of the case seems to demand."

Current Literature.

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On the Significance of the Tonsils of Young Children as Ports of Entry for Tuberculous Infection.

Friedmann (*Beiträge zur pathol. Anatomie und zur allgemeinen Pathologie*, Bd. xxviii, No. 1) adduces a series of nearly one hundred and fifty cases of pulmonary and glandular tuberculosis in very young children in which the tonsils were examined for the presence of bacilli and tuberculosis.

The number of positive results obtained was extremely small. The author speaks of four or five unobjectionable cases and others concerning which some doubts were present. The tonsil does possess some significance as a port of entry for tuberculosis, because in these positive cases acute primary tonsillar tuberculosis was present without the coincidence of any other tuberculous focus throughout the body.

It is difficult to determine the manner in which the bacilli reach the tonsils. These micro-organisms possess no power of active movement, and it is assumed that the lacunæ must possess the faculty of suction, since particles of carmine and coal dust are able to penetrate into these crypts. It is held by investigators in this field that the bacilli can penetrate into the lymphoid tissue without any injury to the epithelia, and the author himself has several times encountered them *within* the latter.

Supposing that the bacillus has attacked the tonsil, causing acute tonsillar tuberculosis, to what extent does this local infection menace the general health?

It is quite possible for this local affection to heal, but such a termination must be regarded as infrequent. The tendency is for the bacilli in the tonsil to be carried by the lymphatics to the cervical and thoracic glands. Dmochowski once succeeded in finding bacilli in the lymphatic vessels which lead to the superior cervical glands. In nearly all of the author's material the cervical glands were either caseous or, at least, swollen.

In one particular case the pretracheal glands had become involved. The coincidence of scars in the tonsil with cheesy

cervical glands is said to be quite common.

May the tonsils furnish a port of entry for general infection without themselves becoming tuberculous? This question is difficult to answer, but a negative reply would doubtless be correct. With a single exception the present author never found bacilli in the tonsils without the presence of pathological changes.

Friedmann's personal belief is that in cervical-gland tuberculosis, the tonsil represents the port of entry. His conclusions in general are as follows: The tonsils of very young children have some bearing as a port of entry for tuberculosis. While the actual proportion of such cases is small, we must bear in mind that tonsillar tuberculosis is not always readily recognizable. The specific process may have terminated in cicatrization, or the technique may have been inadequate to reveal the bacillus. The hypertrophy of the tonsils which may be seen in healthy children is probably of tuberculous character only in the rarest cases. The mode in which the tonsil is primarily infected is probably connected with alimentation.—*Journal of Tuberculosis.*

The Hot Vaginal Douche.

The use of the hot water vaginal douche was the subject of discussion at a recent meeting of the New York County Medical Association. Various opinions were expressed concerning the value of this hydriatic procedure. One speaker maintained that at least three gallons of water should be employed, and the application should be made twice daily. Others recommended a smaller quantity of water, suggesting that duration only is the essential, not the quantity of water. A single surgeon maintained that there is little use for this procedure at the present time on account of the important advances which have been made in surgery since this procedure was first suggested by Dr. Thomas Emmett, in 1862. The temperature recommended was from 107° to 120° .

The use of vaginal irrigation at lower temperatures is an important point which seems not to have been touched upon in this discussion. In many gynecological cases the use of hot water is not advisable. Max Runge showed long ago that the prolonged use of water at 115° to 120° , results in paralysis of the blood vessels, producing a passive congestion

which continues for a considerable length of time after the application ceases. The lesson to be drawn from these experiments is that hot applications should not be too greatly prolonged. Greater benefit will probably be derived from the employment of an application of water as hot as can be borne during eight to twelve minutes than from a more prolonged application. The effect of the hot application is to dilate the blood vessels of the pelvis, and, in fact, to relax the whole portal circulation, thus diverting into this region of the body a considerable amount of blood. The general heating of the body also diverts a considerable amount of blood into the skin. The natural result of this extensive withdrawal of blood from the general circulation may be temporarily inconvenient, or even injurious in cases of anemic patients, especially those who have a tendency to cerebral anemia and cardiac weakness. This effect may be antagonized by applying a cold bag over the heart during the treatment, and by the application of heat to the back of the neck to dilate the vertebral arteries. In cases in which chronic anemia and relaxation and lack of tone in the tissues are prominent symptoms, water at a lower temperature should be employed. Irrigation at 80° , even at 75° , often produces good results in cases when hot applications cause unpleasant and undesirable effects.—*Modern Medicine.*

The Emesis-Producing Cough of the Tuberculous and Its Treatment.

Derscheid (*La Polyclinique*, January 1, 1901) refers to the paroxysmal cough of phthisis which ends in producing nausea or vomiting. This phenomenon is of frequent occurrence. It occurs in the morning on first waking or after a meal. In the last case it may appear directly after eating or from a few minutes to an hour after the meal. The author does not here refer to the vomiting of phthisis when it occurs independent of coughing.

What is the cause of this vomiting?

Broussais ascribed it to gastritis; others think it due purely to the cough, but we do not appear to find emesis associated with cough of other diseases. Marfan explains the phenomenon by a special irritation of the vagus through irritation of the gastric mucosa by the food. Doubtless

the irritable state of the vagus contributes to the presence of the symptoms.

The most rational explanation is that two very different factors may produce this phenomenon.

1. Compression of the vagus by the enlarged tracheo-bronchial glands at the hilum of the lung. This compression does not occur with great frequency.

2. Pharyngeal irritation. Berthier states that the vomiting is due to hyperesthesia of the pharynx. This irritability is due to the frequent passage over the throat of tuberculous sputum.

A "stomach cough" in the literal sense of the word does not exist, although these paroxysms are more likely to occur when the stomach is filled.

Treatment.—This emetizing cough requires prompt and energetic treatment, and many plans have been followed.

Peter recommends a fly-blister over the pit of the stomach, and a few drops of laudanum after each meal.

Woillez used a solution of bromide of potash for its anesthetizing action upon the throat.

In short, the remedies are numerous and varied. In the author's experience this treatment may be simplified. His management always gives him excellent results.

He experimented in over a hundred cases in the service of Godart-Danhieux. This material was submitted to treatment by three methods:

1. Pharyngeal applications: Only 2 per cent. cocaine was used. After several days the paroxysmal hyperesthesia disappeared and emesis ceased. The remedy is powerful and efficacious and the bitter taste is a great drawback. The effect of the cocaine shows that the cough, etc., depend upon pharyngeal irritation.

2. Hydrogen peroxide: An efficacious remedy which deserves to be employed. The remedy should be mixed with wine—one soupspoonful to a litre (ten volumes). It acts in small dose, is easily taken, no bad consequences.

3. Chloroform water is equally good. Formula as follows:

R Eau chloroformee,	. . . . .	40.0
Syr. diacod.,	{ ana,	30.0
Orange flower water,		
Distilled water,	. . . . .	100.0

Sig.—One soupspoonful after each meal.

We do not know the rationale of the action of the hydrogen peroxide.

As for the chloroform, it is a sedative to the throat, and acts, besides, directly upon the gastric mucosa.—*Journal of Tuberculosis.*

Neurasthenia: Some Points in its Pathology.

The comparatively sudden recognition, through the work of Dr. Beard, about a quarter of a century ago, of the morbid state since known as neurasthenia, forms one of the curious chapters in the history of medicine. While there is ample proof that there has been a tremendous increase of the condition in recent times, it is also equally certain that it is older than the history of medicine. We find the familiar syndrome of insomnia, nervous anxiety, disturbance of vision, ringing in the ears, vertigo, and difficult breathing described by Hippocrates. Passing over the intervening centuries, and simply noting a few suggestive titles in literature, we find one of Robert Whytt's, in the middle of the eighteenth century—"Observations on the Nature, Causes and Cure of those Disorders which have been Commonly Called Nervous, Hypochondriac, or Hysteric; to which are Prefixed some Remarks on the Sympathy of the Nerves." This was honored by a translation into French. Coming down to the present century, the "Erethism Nerveux," of DePau, 1819; the "Neuropathie ou Vapeurs," of Doujens, 1824; the "Nervose Proteiforme," of Cerse, 1841, and the "Cachexie Nervose, Etat Nerveux," by Sandras, 1859, sufficiently indicate, by their titles, confused recognition of the condition we are considering.

The complete pathology of neurasthenia can only be written when we fully understand the histochemistry and histology of fatigue, which are simply the chemical and structural changes incident to normal function everywhere, morbidly intensified and prolonged. I need scarcely call to mind how distant is the realization of this ideal; and yet we have sufficient information along these lines to form a substantial basis for the construction of a somewhat crude pathology, in accordance with obvious and legitimate analogies, which may serve as a useful working hypothesis to be tested and modified by further observation and study.

First in importance is the structural alterations in the ganglionic cells under the

influence of overaction or fatigue, and the credit for our knowledge of this belongs to American medicine in the person of Dr. Hodge, whose investigations have been followed by similar work all over the scientific world, culminating in the recent tentative volumes by Barker and Van Huchten. The detailed discussion of these changes would lead me too far, and I must content myself by pointing out that it has been satisfactorily proven that there are definite structural alterations of the neuron, as a result of fatigue, which can be positively demonstrated under the microscope by the proper technique. The most constant phenomena observed by the different investigators are shrinkage or disappearance from the cell-body of certain granular masses variously known as Nissl bodies or tigroid masses, the precise nature, function and significance of which still remain in doubt.—G. W. McCASKEY, M.D., in the *Indian Lancet*.

The Sympathetic Origin of Asthma.

In a discussion respecting the origin of asthma and the numerous theories which have been presented to account for the peculiar disturbances in the respiratory rhythm occurring in this disease, a recent writer calls attention to an observation which long ago convinced him that the characteristic feature of this disease is more or less directly connected with the sympathetic nervous system, at least in cases of the so-called "nervous type" of asthma. Having for many years made a careful study of the so-called Leukart's points, the ganglia of the sympathetic located in the region of the umbilicus, attention was incidentally called to the fact that pressure upon these points may bring on immediately a paroxysm of asthmatic breathing in patients subject to asthmatic attacks. This observation was made in a number of patients, and has frequently been repeated. The pressure should be made about two inches on either side of the umbilicus, the fingers being carried well back until the posterior wall of the abdominal cavity can be distinctly felt. The sensitive areas are often no more than one-half inch in diameter, so that they may easily be overlooked unless the examination is carefully made.—*Modern Medicine*.

Translations.

ORGANIC SERUMS.*

BY DR. VIDAL.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

The struggle between infection and infectious diseases is the reason for the existence of therapeutic serums, and we shall rapidly show the evolution of infectious disease and the methods of resistance of the organism that rightly lead up to serotherapy.

I.—INFECTION AND INFECTIOUS DISEASE.

Infection may be defined as the invasion of the organism by a microbe, more or less characteristic, whose secretions or toxines poison the nobler elements. These toxines, as Armand Gautier has proven, are "generally complex; composed of a feeble proportion of alkaloidal material, accompanied by very active nitrogenous products, intermediaries between true alkaloids and albuminoid matters, and often enjoying diastasic power."

Toxines.—Toxines may be divided into two great classes, one found in the filtrated cultures in alumina under pressure, the others forming an integral part of the microbian cellule and not passed through filtration.

Of the two modes of action of this same toxine, one *local*, is only produced in the region of contact with the microbe; the other, *general*, acts upon the whole organism.

Warming between sixty and one hundred degrees (French) destroys this general toxine function of the microbe, while a prolonged boiling will not alter the local toxine, inherent to the microbe itself.

From this division may be drawn the practical consequences; if a given microbe secretes a soluble toxine its action will be felt far from the point of entrance, and the infection will be subjected to the virulence of the microbe. To the contrary, if the toxine is insoluble, from the

* Paper read before the Society of Medicine, in Paris, March 7, 1901.

more or less rapid pullulation or increase of the microbe inoculated, on this will depend the infectious malady, the gravity of which will be in direct ratio to the number of microbes produced at the place of inoculation.

The Attack.—Being given a pathogenic microbe that penetrates the organism, what becomes of it? If it finds a proper soil, if the conditions for its development are favorable, it goes on multiplying rapidly, and by means of the sanguinary circulation and lymphatics there is an invasion of the organism.

The blood being a bad place for it, it only passes through in order to localize itself in tissues better adapted for its development—for instance, in the heart, kidney, the walls of the blood vessels, etc.

If it takes the lymphatic track it arrives thus, despite the vigilant action of the ganglions that act as a barrier, at the organs it likes and proliferates therein, soon betraying its presence by functional troubles of different natures caused by toxines, of which the most constant is fever.

The Defense.—But all does not always happen thus, for if the microbe seeks to invade the organism the organism itself puts up a brilliant defense and victory often perches on its banner. On the penetration of the microbe, from the secretion of the first traces of the toxines, by reason of a biological power still disputed, but logically admissible, what has been named cellular instinct in place of calling it chemicotoxic power, the leucocytes, swimming freely in the blood, promptly meet the invader, traversing by diapedesis the walls of the vessels, reaching the microbes in their effort to destroy them. If they are present in sufficient numbers, if their vitality is normal, they remain masters of the field and thanks to this phagocytosis that saves it from the invading foe the organism resumes its normal life that was disturbed for the instant by this attempted invasion.

Bactericide Condition.—To certain biologists the phagocyte is not alone in defending the organism; it is aided by the bactericide condition of the humors, that, in certain circumstances, will arrest and even kill off the microbes. Metchnikoff, the promoter of the phagocytic theory, denies this bactericide action of the humors and claims the phagocyte as

the only destroying agent against microbes in our tissues. This absolutism, to us, appears exaggerated; it is difficult to admit that a single class of cellules should monopolize the defense of the organism; and we think that if the phagocytes enjoy the principal rôle of defense against microbes, not a bactericide condition, but an antitoxic one of the humors tends to neutralize the toxines elaborated, neutralization that the liver continues, in waiting for the kidney to eliminate them.

If we hold in principle that microbial destruction and the arrest of infection are due to phagocytosis, the purpose to be pursued by our therapeutics would be to exalt, in infectious maladies, the activity of the phagocytes, in order to permit them to easily throw down the microbe. Now, no chemical substance being capable of augmenting the vitality of the phagocytes, it is necessary to turn to organic substances. For this purpose the serum of physiological blood is injected; then we can study the action of animal vaccine serums upon the organism as against infectious maladies. The preserving *in vitro* of the products of microbial secretion permitted Pasteur to discover that by allowing certain toxines to age and inoculating them on animals, they only provoked an attenuated form of the disease to which these animals resisted, and which, moreover, permitted them to submit to an inoculation with a dose many times mortal of the virulent culture. This was the first step towards the attenuation of virus, towards immunization. The door was opened then for serotherapy.

Stimulines.—The investigation of the mode of action of what are termed therapeutic serums would oblige us to enter into large and wearisome developments, without arriving at a solution admitted by all. Let us content ourselves by saying, in terminating this *exposé* of infections and the methods of defense by the organism, that the later investigations of Metchnikoff make of these serums not antitoxines but stimulants of phagocytic cellules, otherwise termed stimulines. It is, then, upon the cells of the organism that act these antitoxines, of which the intimate nature is still unknown, and of which the utilization in therapeutics has perhaps been premature, the clinic not yet having justified the hopes that were conceived by laboratory experiments made

under particular conditions and upon a ground chosen in advance.

II.—SERUMS IN GENERAL.

In considering, with Landouzy, serotherapy as "the method that derives its agents and its therapeutics from serums," we shall have to study the serum of the physiological blood, the serum of the blood of patients sick or convalescents, the serum of immunized animals and artificial serum.

1.—The sanguin physiological serum.—We should not wait to study physiological serotherapy at length, the function of hematotherapy and much abandoned to-day, if this method had not opened the way to antitoxic serotherapy. It was, in fact, after the experiments of Maurice Raynaud, that, from 1877, had established the possibility of immunizing animals against the vaccine by injecting into them a certain quantity of the blood of a heifer in full vaccinal eruption, that Charles Richet and Hericourt, afterwards Professor Bouchard and his pupils, studied the serums of immunized animals and discovered their therapeutic properties. Thinking that the dog and goat were refractory to tuberculosis—that is to say, incapable of acquiring this malady—Richet and Hericourt tried to inject tuberculous subjects with the sanguinary serum arising from bleeding these animals.

Gathered aseptically in sterilized vessels from fasting animals (as the serum of animals in full digestion may contain microbes passed by the chylifera), the blood is allowed to rest during the necessary time for coagulation. The separated serum is withdrawn then by the balloon pipette, and is injected, in more or less great quantities, under the patient's skin.

This serum is a viscid liquid, of yellow amber color in the dog, a little rosy in the goat, is very transparent and has a free alkaline reaction. It contains:

- (a) Water.
- (b) Albuminoid substances (serum-albumen, serum, globuline).
- (c) Nitrogenous material (urea, xanthine, creatine, creatinine, etc.).
- (d) Extractive matters (fat, lecithine, fibrine, glucose).
- (e) Mineral salts (chloride of sodium, phosphates, carbonates, etc.).
- (f) Gas ($\text{CO}_2 \text{O}$).

The effects obtained by Richet and Hericourt were very sensible; tubercular pa-

tients took on weight, their appetite returned, their weakness diminished, but one could not note any specific effect upon the tuberculous bacilli, and it was necessary to attribute to the sanguinary serum only a tonic and stimulo-nutritive action in nowise superior to the so-called artificial serums.

After Richet and Hericourt, Dominici injected the serum of the dog; Bertin, Pick, Lepine used the serum of the goat; they obtained the same results, but without the least curative effect.

Laboratory work came after; they discovered in the sanguin serum a *globulicide power* altering the hematis of different species and disappearing by heating to 55° ; a coagulant power acted upon the blood of different species of animals, and also disappeared at 55° . A toxic power was manifested always upon animals of different species, and would not disappear from the latter even by heating. But no practical application could be clearly defined, and therapeutic serotherapy at the present hour is only a method of experimentation without precise therapeutic value.

2.—The serum of the blood of convalescents and patients.—No more than with the serum of physiological blood is it deemed advantageous, at the present time, to infect with the serum of blood from patients or convalescents.

In acute articular rheumatism, Weiss injected the sanguin serum from convalescents from recent attacks; he obtained a diminution of swelling and articular pains, as well as a notable lowering of temperature. But this curative action was only transitory, and after a few hours the disease resumed its course.

In *pneumonia* Lichtheim sometimes lowered the initial temperature with the blood of convalescents, but in a certain number of cases the effect was *nil*, and in others a sudden aggravation was produced.

In *typhoid fever* Chantemesse and Widal, then Hammerschlag, brought about a temporary lowering of temperature, but there was no influence exerted on the progress of the disease.

In *syphilis* the sanguin serum of syphilitics attacked by secondary and tertiary symptoms, injected in small doses by Weinoreski and Pellizari, appeared to have no efficacy. Gilbert and Fournier, by notably increasing the doses injected,

obtained certain results, such as the disappearance of roseate or papulous eruptions; nevertheless, they found these results insufficient, and thenceforth directed their investigations towards antitoxic serotherapy.

3.—The serum of immunized animals.—The serum from immunized animals, called antitoxine serums, are now very numerous; there is no infectious disease against which an antitoxic serum has not been indicated, and most often rejected after a practical trial. For it is very far from the experiment of the laboratory to a clinical application, and certain serums that, *in vitro*, in small doses neutralize large quantities of toxines, remain inactive when injected into patients, if they do not aggravate the existing morbid condition. So their use outside of hospital service, the only true field for experimentation of new methods, is more restricted and a physician before employing them in his practice, should know perfectly their application and mode of employment.

The Regulation of the Sale of Serums.—(Law of 1899). Escaping from chemical control, antitoxic serums should be used only when coming from a laboratory authorized by the Consulting Committee on Hygiene and by the Academy of Medicine, as required by the law of April 25, 1895. (This law needs not be translated from the French. It is very severe and sooner or later must be adopted by the United States Government as a protection against serums that are often worse than the disease). Although the law already formulated regarding the sale of antitoxine serums strongly attenuate the responsibility of the intermediaries charged with furnishing such remedies, the law does not protect one from want of success and accidents and only recently a foreign laboratory put an antidiphtheritic serum into circulation that contained tetanic bacilli. It is absolutely necessary that all therapeutic serums should be prepared by honest biologists, men of undoubted integrity, for the least fault in preparation will cause fatal accidents. Only the State should have a monopoly of such dangerous preparations.

Preparation of Serums.—In order to avoid the repetitions that fatally repeat themselves with the study of each serum, let us, without entering into too long technical details without practical interest,

rapidly show the preparation of serums, preparations that with but few variations remain the same for all. Although goat serum or cow serum may be used, it is horse serum that is generally utilized, for the horse is easily immunized and its immunization is of longer duration. Besides, its serum is easy to collect by bleedings from the jugular, and it is without any great injurious effects upon the hemiaties of man.

A horse still young is chosen, say from six to eight years old, an animal free from all blemishes and previously subjected to necessary laboratory tests. The first day the skin of its neck is injected, after anti-septic precautions, with a very weak dose, ranging from a half to a cubic centimetre, of a mixture of equal parts of toxine and liquor of Gram, or an iodo-iodurated solution, the purpose of which is to attenuate the activity of the toxine. Some days after the injection is renewed, the quantity of toxine being increased and the Gram solutions being diminished; this is continued up to a point when the pure toxine may be used about the thirty-fifth day. From then the animal is injected every two or three days, sometimes under the skin, again in the jugular. There is an intense reaction produced each time—fever, diarrhea, abundant but transitory sweating. At the end of about three months the serum of this horse is said to enjoy preventive or curative properties towards the infection against which it has been immunized, and before utilizing it it is left at rest for twenty days after the last injection, to the end that its blood shall not contain too large a quantity of toxines.

In order to extract the serum, the animal being made to fast since the morning, the jugular vein is punctured towards its median third, with minute aseptic care. The blood is then gathered in a sterilized receptacle, while the horse is fed to aid in the bleeding.

The short-necked bottle used is covered with a paper cap and left to rest in a dry place for from twenty-four to thirty-six hours. The serum is then separated from the clot and transferred to another sterilized vessel, from which it can be easily separated into bottles of ten centimetres, sealed tight with rubber or fine paraffine.

These vials are placed in a stove at 37°. After three days those that are cloudy, a

sign of accidental contamination from foreign germs are rejected, while the others are sold to the public.

Dried Serum.—In order to assure the preservation of the serum and facilitate its export to foreign countries, it is at times dried at a low temperature. A yellowish powder is left that has all the advantages of the liquid serum without having the inconveniences of alteration from air and light. In order to use this it is dissolved in ten times its weight in sterilized water, and is not different then from the liquid serum.

Technique of Injection.—Any hypodermic syringe may be used to practice the injection of serum, providing it has been properly sterilized by boiling and is perfectly clean.

The region usually selected is the skin of the flank; there is, however, no especial reason that imposes this, and if one wishes to practice a perfectly harmless injection it can be made upon the flat buttock, in the level of the last sacral vertebra to the superior border of the last trochanter.

The skin should be rubbed with soap, then washed with ether, with alcohol and an antiseptic solution, while the syringe point is kept under sterilized water and the operator has freshly washed hands, the hands being kept as clean as in any surgical operation. The syringe is then filled, the needle held in the hand is to be plunged perpendicularly into the skin with a single punch; after some seconds of attention to see if the opening gives any bloody discharge, the loaded syringe is adapted to the needle and the injection is slowly made.

Thus practiced the injection is not painful, and any septic accidents that may be produced will not be imputed to the operatory manipulator.

Other Methods of Serum Administration.—Other ways of giving serums have been suggested.

In some cases of urgent necessity the intravenous method has been used, and Garampazzi claimed to have cured a case of malignant diphtheria in a young child by two intravenous injections of anti-diphtheritic serum. This way seems dangerous by reason of the direct action that the hematies have upon any serum suddenly thrown into the circulation.

The buccal method does not allow a very precise nosology, for it is difficult to

know the quantity of serum that might be usefully assimilated. It has been used in diphtheria with uncertain results.

As for the rectal method, proposed by Chantemesse, it is still more untrustworthy; moreover, if the injections be repeated several times, they occasion manifestations that disagreeably affect patients.

III.—OF PARTICULAR SERUMS.

Our task, up to this point, has been easy; we have sufficiently described the theories or relations of facts, that are sufficiently precise to be understood and considered by the general practitioner. Now that we come to study the antitoxic serums in particular and to say to the doctor, "use this" or "reject that," matters grow complicated. For we are not writing a learned work here for the *savant*, but for the ordinary physician; the works of the laboratoay centre on serotherapy, but the conducting wire fails and the general practitioner fails to recognize much in the fog.

Let us briefly glance, then, at the antitoxic serums, and not pass in review all of infectious pathology. So we will simply examine the cases in which one might possibly feel himself authorized to employ an antitoxic serum, when one has no longer any hope of curing by means of good old Dame Nature, seconded by ordinary medical measures.

i. *Tuberculosis.*—The first efforts of natural serotherapy were directed against tuberculosis by Richet and Hericourt, who, in 1889, injected tuberculous subjects with dog and goat blood. From that time this study has been constantly pursued, but it remaining subject to the discovery of the possibility of vaccinating animals against tuberculosis.

Different methods have been extolled turn by turn. The injection of the serum of animals inoculated by tubercles appeared to have given Leroux and Charrin some results in the treatment of lupus and surgical tuberculosis.

The serum of animals inoculated either with sterilized cultures or tubercular extracts or with tuberculous toxines, seemed to succeed in the hands of Richet, Hericourt, Boinet, Behring and Bernheim, producing an antitoxic reaction, but without any durable effect.

The serum obtained from the injection

of tuberculin following injection of tuberculous products appeared to Babes and Broca to have immunizing and curative properties on rabbits and guinea-pigs; it even seemed to ameliorate tubercular cutaneous affections among human beings, but it was often worthless and has its dangers.

We shall say nothing of the tuberculin of Koch, which enters into the category of vaccines, and has nothing therapeutic to mention.

There remains the serum of Maragliano, praised at the Congress of Tuberculosis of 1898, the action of which was studied on 1,362 patients. Maragliano extracted from the cultures of very virulent human tuberculosis all the toxic substances contained therein. These toxic substances are separated into groups, one being hyperthermisant, arising from the bodies of the microbes and containing proteins; the other hypothermisant, containing the products of secretion from the bacilli, the toxalbumins.

Associating three parts of the first group with one part of the second group, he used on his tubercular cases injections in progressive doses, and thus very rapidly obtained the fall of the fever, disappearance of bacilli from the sputum and the healing of broncho-pneumonic centres. Unfortunately, these results, so brilliant for him, were absolutely personal, and therapeutists who experimented on his lines drew no satisfactory results therefrom. His serum, inasmuch as it antagonized the tuberculin—that is to say, the toxine of the tuberculous bacillus—had a certain action, but no effect against the microbe itself, the fatal evolution of which was not arrested. Nevertheless, its effect upon tubercular poisons must be taken into consideration, for, destroying the toxines and their effects upon the nutrition of tubercular subjects, it permitted the organism to struggle against the invasion and the general condition to improve. Perhaps in a more or less far-off future there may be something added to this antitoxic serum, some antibacillary serum that may become the long-sought-for specific.

2. *Tetanus*.—Lauded as a specific curative from the time of its discovery by Behring, the antitetanic serum very soon passed on to the rank of a preventive serum; but nothing is changed in the

treatment of tetanus, the issue of which is fatal.

Of all toxines, the tetanic toxine is the most virulent, and those of which the diffusion is rapidly made; o gr.—.00015 suffice to kill a guinea-pig in a few hours by action on the bulb.

If the antitoxin is injected after microbial infection, it will not destroy a poison already existing in the circulation, and that has already impregnated the nervous cells. To the contrary, when this antitoxin is injected on inoculation, before the toxines have had time to be produced, the organic cellules and the humors might have time to organize a resistance and tetanic symptoms might not be produced.

So, in order to obtain a useful effect by the injection of antitetanic serum, it would be necessary to inject it in within twenty-four hours following the microbial inoculation.

But how is one to know when this inoculation is produced? Would it be necessary to inject every one who happened to receive a wound, from crushing, fire-arms or abrasions filled with dirt or manure? If such is the practice of certain surgeons like Bazy and Recbut, it is not that commonly practiced by ordinary practitioners, who daily observe wounds of this nature and very rarely ever see any tetanic symptoms produced.

Then being given the difficult task of knowing whether a wound may be suspected of tetanic inclination, and the impossibility of preventive infection in all cases of injury of the kind, it is best to use the antitoxic serum in general practice only when several cases of tetanus are observed with some days of interval between in the same locality, in stone, lumber yards, docks, stables, etc., where the wounded have evidenced the signs of tetanus.

3. *Streptococcus*.—The use of the anti-streptococcic serum by Marmoreck in the treatment of streptococcoses, in erysipelas, puerperal fever, post-operative infections, phlegmons, anginas, broncho-pneumonia, etc., had led some to conceive hopes, but experimentation has refused its control to given theories, and aside from a few serum fanatics, no one now employs the Marmoreck serum, that was very much in vogue in its first appearance.

On February 22, 1895, Marmoreck, speaking to the Society of Biology, said:

"In all cases of erysipelas treated, the lowering of the temperature was made in a complete manner at the end of a relatively short time, most often in twenty-four hours, after the curative injection of quantities of serum varying from five to thirty centim-cubes; during this period the general condition also became more satisfactory. When there was albumin in the urine, this albuminuria rapidly disappeared. In certain very serious cases the cure was obtained against all our provision."

Now, there is no clinical proof to confirm these assertions. When erysipelas treated by the most ordinary methods gives a mortality of 3.5 per cent., according to Juhel Renoy, and 3.43 per cent. according to Roger, with Chantemesse and the antistreptococcic serum it gave 3.40 per cent.—that is to say, about the ordinary average. It is useless, then, as it does not lower the mortality from erysipelas, and serotherapy does not even hasten the cure.

In puerperal fever the result has been *nil*, as well as in post operatory septicemia. The injection does not even induce the temporary lowering of temperature, and no conscientious practitioner would consent to renounce the local treatment as demanded by Marmoreck and wait patiently for the effects of a serum. In certain instances, moreover, Durante, Siron and Gaulard) death followed the injection of the serum.

Jorias tried this serum in ninety-five cases of scarlatina, and concluded from his statistics that neither the evolution of the disease nor the progress of the temperature, nor the frequent suppurations of scarlatina, were even modified. To the contrary, he observed with Sevestre, at the level of the injection punctures, serious abscesses, with rapid extension, lymphangitis, purpuras, polymorphes, generalized urticaria, etc. This rapid *exposé* is sufficient to lead to the conclusion that the antistreptococcic serum should be rejected in all the diseases mentioned.

4. *Venoms.*—The stings of vipers, the only venomous reptile on the European continent, are rarely ever followed by fatal symptoms, so antivenomous serotherapy affords very rare indications.

5. *Cholera.*—The serotherapy of cholera is yet, despite the essays of Haffkine, a laboratory process without practical appli-

cation. In 1891 Klebs extolled an anti-cholemic arising from the action of absolute alcohol on the choleric cultures and had experimented on himself. Mumbhut (of Hamburg) employed it in thirty-one cases, and obtained a manifest reaction—elevation of temperature, disappearance of cyanosis, urinous crisis, etc., but this reaction lasted but a little time, and in the end it was necessary to use venous transfusion. Ten choleric patients resisted out of thirty-one inoculated, but the examination of their stools showed no diminution of the bacilli, and the action of the serum was merely tonic.

Since then, Lazarous, Klemperer, Metchnikoff and Rumpf utilized the action of the sanguin serum from animals immunized and obtained results that were either *nil* or injurious.

Haffkine reundertook the experiments of Ferran, of Barcelona, and employed vaccine by the aid of successive injections of attenuated cultures, afterwards by exalted cultures. He obtained a solid immunity at the end of eight days after the second vaccination, and upon 40,000 persons treated in India he never observed the least accident from the use of the injection.

The mortality might be notably lowered in case of epidemic, times when this serum appears to have given the best results.

6. *Plague.*—In the plague the results appear the best,¹ and if the question is not yet settled, if the serum is only slightly active, it appears the only efficacious method to combat this pest that now threatens Europe, and takes on a wide extension.

It is always the serum of the horse that is thus used, a serum that preserves its properties about a year if kept away from light and humidity.

This serum has been experimented with by Haffkine and Yersin with different results, with a preventive and curative action. As a preventive it is to be used on all persons exposed to contagion in the dose of 10 cent.-cubes, in case a plague breaks out in a house or on a ship. The duration of this immunization is not yet determined in a precise fashion; it is

¹ Late reports from Calcutta evidence the fact that the serum does not cure the disease; the best its friends can claim for it now is that it is a preventive serum, and even this is doubted by many who have used it.—TRANSLATOR.

deemed prudent to use it every ten days as a preventive, while the epidemic lasts.

As a curative it is injected at the onset in the dose of 30 c.c. If it is injected at the time the fever decreases in a few hours and the buboes diminish. If this amelioration is not produced it is necessary to renew the injection several times, at intervals varying with the evolution of the malady.

7. *Syphilis*.—The serum of the horse inoculated with syphilitic secretion and then injected into man by different experimenters, among whom is Jourmasoli, has caused most deplorable effects; fever, serious eruption and a consecutive albuminuria. This method has been abandoned.

Gilbert and Fournier tried goat, dog and sheep serum for immunized animals, and noted an amelioration of the general condition, renewal of strength, disappearance of headache, bony and articular pains, attenuation and disappearance of cutaneous eruptions and mucous membrane lesions. These results were not constant, and failure was often complete.

8. *Leprosy*.—In 1897 Carrasquilla presented the Berlin Academy of Medicine the serum of a horse inoculated several times with leper serum.

This serum injected into a patient produced violent reaction, high fever, etc. It seemed to benefit fifteen cases of leprosy and tubercular disease, without giving decisive results as was determined by the International Congress for Leprosy (1897).

CONCLUSIONS.

From the study of serotherapy, from a fair and reasonable examination of laboratory experiments, inoculations to animals and the extension of this process to sick mankind, we draw the following conclusions:

1. Except for antidiphtheritic serum, no serum has as yet given results that permit one to count on laboratory experiment being too hastily extended to man.

2. It appears that all these serums, called antitoxines, neither act on the microbe nor on the toxine, but upon the cellules of the organism; that they aid in the struggle against microbial enemies.

3. In consequence of this the serums of immunized animals do not appear, up to the present time, to have any certain specific action, but are general tonics.

4. Considering the uncertainty that still reigns in the use of animal serums in therapeutics, it is best for the practitioner to never use any of the so-called artificial serums, save in very particular cases with very precise indications for usage.

Danger in Sewage Irrigation.

The contamination of vegetable food produced on sewage farms was predicted and protested against in this journal when first that method of sewage-disposal was bruited with loud acclaim throughout the sanitary world. This opinion, like the other so far ventured in these pages, finds, in time and experience, its justification. In one of our previous numbers was recorded a sad instance of epidemic disease clearly traced to sewage irrigation. An analogous case was that of a family arsenically poisoned by potatoes that had absorbed the drug sprayed on the vines to destroy bugs; a probable cause also of the bitter taste which renders the potato in the market this season uneatable, except those imported from southern regions.

Another striking object lesson to like effect is reported in the *Journal of the American Medical Association*, from one of the Eastern States, where an epidemic of fever occurred in one of the State institutions. It was found that the disease could apparently be traced to the use of celery grown on some sewage-fertilized grounds. As soon as the use of the plant was stopped, the epidemic diminished, and finally ceased altogether.—*Indian Lancet*.

Etiology of Asthma.

John Dunn (*Charlotte Med. Journal*) summarizes his opinions concerning the etiology of asthma as follows: In most cases asthma is a reflex from irritation of the nasal mucous membranes; that the swollen turbinates and ethmoiditis with its polypi found in asthmatics are the visible results of this irritation; that the irritation is caused by the action on the nasal mucous membranes of the retained products of tissue metabolism; and, lastly, that this view places asthma in the same class of diseases with gout and epilepsy, the difference in the focus of irritation causing the difference in symptoms.—*Med. Standard*.

Book Reviews.

**

A Compend of Human Physiology. Especially adapted for the use of students. By ALBERT P. BRUBAKER, A.M., M.D., Adjunct Professor of Physiology and Hygiene in the Jefferson Medical College, etc. Tenth edition, revised and enlarged. With illustrations and a table of physiologic constants. Philadelphia: P. Blakiston's Son & Co., 1013 Walnut Street. 1900.

That this compend has reached its tenth large edition in a few years is the best of proof of the great hold this series has obtained on the medical student. They are the allies of laziness, to say the least. If the student would use them in conjunction with his text-books the effect might not be bad, but in every college there is always a proportion of the student body, unfortunately very considerable, that use these books in preparing for examinations, to the exclusion of more solid reading. The best that can conscientiously be said of the present work is that it ranks among the best of the series.

M. A. B.

Principles of Surgery. By N. SENN, M.D., Ph. D., LL.D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; Late Lieutenant-Colonel of United States Volunteers and Chief of the Operating-Staff with the Army in the field during the Spanish-American War. Third edition. Thoroughly revised, with 230 wood engravings, half-tones, and colored illustrations. Royal octavo. Pages, xiv—700. Extra cloth, \$4.50, net; sheep or half-Russia, \$5.50, net. Delivered. Philadelphia: F. A. Davis Company, publishers, 1914-16 Cherry Street.

No more valuable work on the principles of surgical science has appeared of late years; for the author relies not alone on his own vast experience and research, but has drawn freely from the thought of others in order to bring his book in thorough accord with modern tendencies. It is almost needless to say that every phase of every subject has been fully covered; but to the articles on tuberculosis must be accorded the highest praise. Here many new ideas of exceeding importance are discussed. He has been particularly ex-

treatise. Former editions have also been improved by additional chapters on degeneration and blastomycetic dermatitis. One can hardly see the necessity for a chapter on the latter in a book on the principles of surgery. A review would be incomplete without a word as to the beauty of the numerous original illustrations. M. A. B.

Frontal Headache and Iodide of Potash.

Since there are various forms of headache, and since the remedy that will relieve one patient will utterly fail to relieve another with seemingly the same kind of head-pain, it is necessary that the physician should be armed with a variety of remedies. For some time past we have found minimum doses of iodide of potassium of great service in frontal headache. A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with a distaste for food, which sometimes approaches to nausea, can generally be removed by a two-grain dose of the potassic salt dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who, a quarter of an hour before, was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.

We make no claim of originality in the use of the remedy. If we mistake not it was an Australian physician who first recommended it. The morbid condition here described is so very common we would invite others to give this remedy a trial.—*Massachusetts Med. Journal.*

Anomalous Typhoid Eruption.

Scarlatiniform and rubeoliform rashes are not very uncommon in this disease, and are sometimes associated with albuminuria.—*Denver Med. Times.*

IN acute cases, when the pulse is rapid and full, and there is a deep red stripe down the centre of the tongue, whatever the disease, use veratrum.—*Med. Summary.*

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The Cincinnati Cancer-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

MAY 25, 1901.

WHOLE VOLUME LXXXV.

GONORRHEA IN WOMEN: CAN ITS FREQUENCY BE LESSENED?*

BY J. AMBROSE JOHNSTON, M.D.,
CINCINNATI.

Gonorrhea in women and its results so engage the attention of the obstetrician and gynecologist that any effort to lessen venereal disease at once attracts our notice. Lately the Cincinnati Academy of Medicine, without much thought on the subject, passed a resolution approving the city Health Officer's action in detailing the district physicians to examine prostitutes, sending the diseased to the hospital, and giving a clean bill of health to those in whom no disease could be discovered, resorting to the microscope only in suspicious-looking cases. That action of the Academy incited the writing of this paper.

The history of gonorrhea goes back into times remote. It has existed among all nations and from the earliest times of which we have any record. In the fifteenth chapter of Leviticus Moses lays down the law for those who are suffering from a "running issue out of the flesh," which no doubt was gonorrhea. This disease will likely continue until the millennial day.

Everything has some use in the economy of nature, but to what use gonorrhea can be put to is past finding out. It might be said that those who are promiscuous in their amours have fallen from their high estate and become degenerates, and nature, in order to prevent degenerate offspring, sterilizes both man and woman through the results induced by gonorrhea. The life-history of harlots the world over gives support to this thought.

It is interesting and instructive to examine the text-books of a score of years ago as to the causation of gonorrhea. Then anyone had a right to propound a theory on this subject. To-day we are a unit as to the cause. Since Neisser asserted

that gonorrhea in any part of the genitals was due to a specific germ, and since that germ, for its recognition, conforms to the law laid down by Koch, we recognize the presence of the gonococcus as proof positive of gonorrhea. The number of gonococci present in a discharge is in a constant ratio to the acuteness of the disease. Although the demonstration of the gonococcus under the microscope is proof positive of gonorrhea, the failure to find it does not imply its absence. In the genital organs the gonococcus hides itself in Bartholin's glands, Skene's glands, in the cervical glands, beneath the epithelium of the various organs, and in the Fallopian tubes. They have been found in the muscular tissue of the uterus, in the valves of the heart, and in synovial cavities. To-day cervical secretion may be free from gonococci, and to-morrow, or immediately after menstruation, they may be demonstrated. It is a well-known fact that some women infect men immediately after the menstrual period, and this is no doubt due to the washing out of the germs from the depths of the cervical and utricular glands by the escaping menstrual flow. An explanation of our inability to find gonococci in chronic cervical discharges is made clear by the investigation of Wertheim, who asserts that young gonococci are stained by watery solutions of aniline colors, and that the old do not take the staining fluid. He also says the old gonococci lose their primal forms, becoming granular spheres which are indefinite in outline and variable in size. He believes these changes come when the culture medium is exhausted and no longer nutritious. He has proved his findings by sowing fresh culture media with the before-

* Read before the Cincinnati Obstetrical Society, April 9, 1901.

mentioned altered forms which raise typical gonococci. He cultivated the gonococcus from a case of chronic urethritis of two years' standing, and proved the virulence by producing gonorrhea in a human being.

McFarland, in his work on "Bacteriology," says: "In certain of the remote secondary inflammations the gonococci disappear after a time, and either the inflammation subsides or it is maintained by other bacteria. In synovitis this does not seem to be true, and the inflammation excited may last for months."

A remark attributed to Ricord, "that gonorrhea is a disease which starts as a slight burning on urination, but of which only the Lord knows when and how it will end," is the best short description of the symptomatology and results of gonorrhea I have ever read.

Prior to the discovery of the gonococcus it was not generally known that many of woman's pelvic troubles were due to gonorrhea; the gonococcus now serves as a link to connect Bartholinitis, urethritis, cystitis, ureteritis, nephritis, vaginitis, endometritis, salpingitis and ovaritis to gonorrhea.

It formerly was the general opinion that the results of gonorrhea fell upon men with a heavier hand than upon woman. 'Tis a pity such is not the case. Many men look upon gonorrhea as but little worse than a "cold," and believe that they can be cured in a few weeks' time. The younger and inexperienced read in the daily papers that "Zip" cures in three days. With such prevailing ignorance it is not surprising that there is so much of the disease, and that woman, who is the victim, is unable to attend to household duties, is a chronic invalid; then, as though her burden was not enough to bear, is reproached on account of her ill health, is neglected and abused by the very author of all her misery.

In the report of the special committee of the Section on State Medicine of the American Medical Association the opinions of men in this country and Europe are given on the question as to the percentage of pelvic inflammation traceable to gonorrhreal infection. A few believe that gonorrhea but seldom leads to serious pelvic trouble, but the great majority regard it as the leading cause of inflammatory troubles of the pelvis. The opinions given are as follows:

"Van de Warker in forty years has seen but two cases where gonorrhea invaded the tubes; Cathcart, who, after four and a half years' work in the Lock wards of the Edinburgh Royal Infirmary, maintains that the majority of those who have suffered from disturbances of the menstrual function have not been affected more severely than one expects to find in a similar number of women who lead regular lives, although he admits that 'there certainly have been a few cases of undoubted salpingitis and ovaritis;' Humiston and Joseph Price claim 90 per cent. of pelvic inflammatory troubles are caused by gonorrhea; Boldt estimates from 5 to 8 per cent., admitting it a guess; Skene, Robb, Eastman and Bovee, 10 per cent.; Dunn and Jacobs, in private cases, 10 per cent.; Johnson says 'a large majority'; Wathen, 'nearly all the cases'; Byford, 'in majority'; Mann, 'nearly all of those who have not borne children'; Pozzi and Frederick, 75 per cent.; Lapthorn Smith and Stone, 60 per cent.; Baldwin, 50 to 75 per cent.; Watkins, Lawrence, Ross, Noble, 50 per cent.; Dunn, 33 to 55 per cent. in charity hospital work; Lanphear, not to exceed 25 per cent., excluding prostitutes; Kreutzmann and Baldy, 33 per cent.; Grandin, 20 per cent.; Jacobs, seven thousand cases, 18 per cent., in polyclinic cases."

These opinions ought to be enough to satisfy most of us that the gonococcus is a very great factor in the pelvic troubles of woman.

Not only does the gonococcus in the female lead to deplorable results in her pelvis, but it also is often disastrous to the eyes of her offspring. It causes more blindness than any other disease. Various authorities claim that from 10 to 25 per cent of blindness is due to it.

The results of gonorrhea fall upon the innocent as well as upon the guilty; even nations suffer by a decreased birth-rate because of the great number of sterile individuals, male and female, sterilized by gonorrhea.

Becoming more enlightened concerning the nature and life of the gonococcus, we can now the more readily connect gonorrhea with the many pelvic troubles of woman; further, we can also see why the disease is so difficult to cure in both men and women. Even if curable, every physician knows how lightly the public looks

upon the disease, and how the great majority of patients run from one physician to another, or use patent medicines, thus making the conditions such as to lessen the chance of curing the disease. Knowing these things, it should be our earnest duty, in some concerted manner, to try to check its frequency.

In times past, especially in Europe, regulation of prostitution was tried in order to check venereal disease, but with no marked success if we take the testimony of an official in Paris, which city probably has paid more attention to this subject than any other. Lecour, head of the police des moeurs, said: "The administration has redoubled its activity, it has multiplied its acts of repression with regard to prostitutes, and it has definitely succeeded in maintaining a satisfactory condition of the sanitary state of public registered girls, and yet sanitary statistics prove that prostitution is increasing and that it is becoming more dangerous to the public health."

In this country St. Louis is the only city that has made much of an effort to regulate prostitution. It was kept up for four years. During that time the authorities tried to show that venereal disease was lessened. In the Marine Hospital, over which the authorities had no control, there was an increase of venereal disease during the period of repression.

Kopytowski, on the basis of a number of extensive clinical experiments, finds that often, after a most careful police inspection, gonococci are found in the secretion of the cervical canal of women who are pronounced by the police doctors to be absolutely healthy, and that long after the apparent cure of an acute gonorrhea gonococci still linger in this region. Hence he argues the futility of an examination as at present conducted, and the absolute impossibility of determining without elaborate bacteriological investigations the presence or absence of gonorrhreal infection in the case of a woman.

Dr. Frederic Bierhoff, of the Berlin General Polyclinic, made a study of the sources of 381 cases of gonorrhea in males. The persons from whom the disease was contracted were as follows: Open prostitutes, 12; clandestine prostitutes, 44; kept mistresses and actresses, 138; working women and servant girls, 167; married women, 20. These figures alone ought to

be sufficient evidence to our health office that medical examinations of open prostitutes is of little value. It is the clandestine prostitutes and women whom but few suspect that are the great disseminators of the disease.

Not long ago it was thought that tuberculosis could not be controlled, even in the least. To-day the public is pretty well educated in regard to its infectious nature and the methods to avoid infection. Similar means ought to be resorted to in abating venereal disease.

The rank and file of the profession has not awoke yet to the ravages of gonorrhea. This being the state of affairs in the profession, what can be expected of the laity? It is certainly our duty to educate the public as to the great danger arising from gonorrhea.

Some may maintain that education will not restrain, claiming that sexual passion is so strong that it will lead men to defy all dangers. This may be said of many, but for sober-thinking men knowledge of the diseases will restrain. W. Scholts says: "The pamphlet warning against the dangers of venereal disease which is now distributed among the students of Germany when they enter the universities has already commenced to bear fruit, as he is able to prove by statistics from the clinics."

The family physician can wield a great influence for good if he so desires. He will not have to shout from the housetops in order to set forth the dangers of venery; dropping a word here and there he can in a few short years educate a whole community.

Circulars on the results of gonorrhea and syphilis can be issued by local health officers; they can be sent to physicians who will judiciously hand them to the public; they can be given out even by the clergy, who would be glad to distribute such literature carrying the weight of medical and official authority.

Of prime importance in this education is the driving home to the minds of the people that gonorrhea is a disastrous disease, that it cannot be shaken off with a few weeks' treatment, and that its results cause more suffering than syphilis. When these facts are generally known thousands will hesitate before consorting with strange women.

Men, and even many women, have erro-

neous ideas in regard to sexual life. "There is still abroad the popular heresy that for men vice is a necessity and that young men must sow their 'wild oats.' What is morally wrong cannot be physiologically right. May physicians everywhere be quickened to declare with the late Sir Andrew Clark that immorality is not a necessity, and that chastity for all is a human possibility."

No more fitting closure of this paper can be made than by giving the following words from Woods Hutchinson : "Above and beyond all, we should foster, glorify—deify, if necessary—the one instinct in man's bosom which can master the sexual—the highest, the holiest, the strongest of which he is capable—his love for one woman who is, or is to be, all the world to him. Once touch this spring and he is safe. Well may all of clearest and deepest vision among us, the poets, never weary of singing its praises. The age of chivalry should be brought back in nobler, truer form. Lust laughs at opposition and exults in danger, but sinks ashamed at the whisper of love. Impress upon every man not his own danger, but that of his wife that is to be, of his children yet unborn. Nay, further, make him to see that the last insult he can offer to the one for whom he would cheerfully lay down his life is to make, in the burning words of the Apostle, her 'members the members of a harlot.' Do this, and prostitution will disappear from the face of the earth."

Havana's Improved Sanitary Condition.

THE remarkable improvement in the sanitary condition in Havana may be better appreciated by a comparison with the death rates of leading American cities. For example: In February, 1901, the death rate in Havana was 19.32 per 1,000. In New York, for the same month, it was 22.42; in Baltimore, 22.99; in Cincinnati, 22.65; in Boston, 24.10; in Washington, 26.60; in New Orleans, 28.26; in Mobile, 29.73, and in Jacksonville, a famous winter health resort, 25.21. In February, 1898, the death rate in Havana was over 82 per thousand! In his report Major Gorges suggests that within a year or two Havana will have to take steps to protect itself from the American gulf-ports—New Orleans, Mobile, Pensacola, Tampa and Key West!—*Med. Standard.*

WHAT IS THE SIGNIFICANCE OF CERVICAL LACERATIONS?

Some Points Connected with Their Treatment.*

BY CHAUNCEY D. PALMER, M.D.,
CINCINNATI.

A laceration of the cervix uteri, occurring as it does almost invariably during the processes of parturition, has a greater significance than would appear at first sight. It is an accident, so often associated with other conditions, giving rise to, or followed by, serious morbid changes, in and about the pelvic structures, that its import calls for more than ordinary attention and skill.

A larger proportion of parturient women meet with this accident, to some degree, in their first act of parturition; but, fortunately, the tear in many cases is slight, and the recuperative powers of nature so active, that no untoward results are noticeable. As a rule, the accident is not known at the time to have occurred, unless it is very deep—to and within the vaginal vault—when, in consequence, an unusual post-partum hemorrhage follows. Even then it may not be detected, for the infra-vaginal cervix and the vaginal vault are not inspected, to disclose the arterial issue of blood, from the ruptured circular artery of the cervix. A parturient woman may die from loss of blood post-partum, coming from this vessel or a lacerated bulb of the vestibule, notwithstanding the gravid uterus is well emptied and contracted.

Should, now, from any cause, this tear be neglected, a quite vascular and very susceptible portion of the uterus is made bare, for the absorption, through open vessels and exposed lymphatics, of any septic germs, from within the uterus above or the vaginal tube below. Almost every parturient woman, to some degree, suffers with septic absorption and inflammation of the base of the corresponding broad ligament, as well as the endometrium, when there is this injury to the cervix uteri. It is the underlying causative factor in most cases of pelvic cellulitis—largely an obstetric disease.

Nor are these results all. Any septic inflammation of the genital tract of any lying-in woman delays involution of those

* Read before the Ohio State Medical Society, May 10, 1901.

parts. A torn and imperfectly uniting cervix uteri leads to sub-involution of the uterus, with some co-existing endometritis and metritis. The cervix soon looks eroded, everted, takes on granular degeneration and cystic formation. Its parenchymatous structure becomes hyperplastic, indurated, elongated, and enlarged.

So, in consequence, this central organ of her pelvis becomes displaced, first downwardly, then backwardly. Retroflexion is often noticed with retroversion. Fortunate, indeed, will this woman be if she escapes a resulting salpingitis, with destructive alterations in structure as well as in function, of the peri-uterine appendages.

Naught need be mentioned of the persistent post-partum flow, the exhausting menorrhagia and metrorrhagia, and the troublesome leucorrhea, followed by a permanent sterility, which may ensue.

How many women have been broken down in general health, or made constant sufferers of some functional nervous disorder, reflected from this seeming insignificant local lesion! This picture is not overdrawn in depicting all of the aforesaid consequences. They happen; not, of course, always, but often enough to make us anxious as to their possibility. There is no local lesion of the genital tract which, when severe, and bilateral or multiple, is directly followed by so many local morbid changes, or so much general reflex disturbance, as is this one under present consideration. Cervical lacerations signify much.

Nature does the best she can to make repairs for lacerations of the cervix uteri, by filling up the gaps with new connective tissue, organized from the granulations thrown out. Cicatricial tissue is repair tissue, and is always inferior in kind to natural tissue. It has a low grade of vitality, is sometimes unduly sensitive to touch, becomes a seat for reflexing irritations, and is prone to take on certain degenerate changes in the declining years of life.

The relation between lacerations of the cervix uteri and malignant diseases of the uterus (where it is detected five times more frequently than elsewhere in her body, except the mammary gland), is so forcibly demonstrated, as cause and effect, that all physicians should recognize it.

Cancer in woman is found most fre-

quently in her womb, and in parous women. It is detected, too, in its start, in that portion of her womb most liable to injury in parturition—the cervix. Seldom elsewhere is it found in this organ; if so, it is in nulliparae and in the corporal cavity.

Cancer with her in this organ, in the vast majority of instances, commences in this cicatricial plug, in the neighborhood of the os externum, where the squamous epithelium of the infra-vaginal cervix joins the cylindrical layer of the cervical canal.

There is, of course, in cancerous disease of the cervix uteri the stage of innocency, the transitional stage, and that of malignancy. Aside from the diagnostic evidences of the microscope, there is the reasonable inference, deduced from the results of topical medication, as to which of these stages exists.

If physicians are to save the lives of women from cancer, they must prevent the oncoming of this disease by doing more than has been done in preventing injuries of the neck of the womb in parturition. Lacerations of these parts may unavoidably occur, but many such injuries can be prevented by allowing more time for these tissues to dilate in the first stage of labor. Is it not true that many lacerations of the cervix uteri are provoked by some injudicious use of the obstetric forceps, in time or in force, or by an improper use of podalic version? Nature may, and ought to, be directed. She ought to be permitted to take her course in this stage of parturition. Bearing-down efforts at this time on the part of the woman, and undue haste on the part of the physician, have done much harm in this direction.

If now any cervical laceration has taken place to within its muscular substance, especially if so deep that the circular artery is severed, a primary union should be secured by appropriate stitching, on the same principle of conduct that the accoucheur always repairs a torn perineum at the time of its rupture.

The cervix will be bruised less, and the presenting portion of the fetal body will more easily be directed into the axis of the obstetric canal, if the patient, in the second stage of parturition, is placed on that lateral surface of her body towards which the presenting part of the fetus projects.

A primary tracheloplastie operation is easily and quickly done; cat-gut is the suture material. Primary union is almost certain. But a secondary tracheloplastie operation is one of the most difficult plastic procedures. Failures to some degree are by no means uncommon. The aim, of course, should be to restore the cervix to a normal size and shape, with a normal os externum. This external opening of the womb, if made too small, may lead to painful menstruation; almost surely will it be a cause of an acquired sterility. A restoration to a natural symmetry of the parts is the chief indication of success.

A sharp curettement of the whole uterine cavity is an imperative preliminary surgical step to the operation. Done at the same time, with proper aseptic precaution, it secures relief to the secondary endometritis. No packing of the uterine cavity ought to be done now.

Any pronounced presence of peri-uterine exudates, evidences of old salpingitis and pelvic peritonitis, with some fixation of the uterus, though not complete, are manifest contra-indications to this operation. These conditions must be relieved by rest, by saline purgation, by hot vaginal douches and by topical applications of ichthyoil and boro-glyceride, followed, it may be, by a vaginal section (post-uterine), possibly by an abdominal section. It is a dangerous procedure to draw the uterus down to curette its cavity, and then denude and stitch its cervical walls, unless the peri-uterine spaces are comparatively free from any secondary inflammatory action. Too often it is that some otherwise clearly indicated intra-pelvic operation is brought into disrepute because of its individual misapplication.

Almost every gynecological operator in these cases has observed at times the great thickening and induration of the cervical lips, with extensive cystic degeneration of the Nabothian follicles. Due normal restoration of the infra-vaginal neck, and proper symmetry of these structures, can in such cases only be obtained by a thorough exsection of both cervical lips. All risks of a stenosed cervix are overcome by the timely use of a cervical glass plug.

Tracheloplastie operations, properly performed in suitable cases, with due regard to asepsis, are among the most satisfactory operations in gynecology, for not only is the local uterine mischief very much bet-

tered, not simply in its primary lesion, but also in its secondary changes. Few gynecological operations are followed by more pronounced benefits in the general health at large than is the correction of this evil.

The points I desire to present in this short paper are:

1. How to avoid the undue frequency of this accident.

2. Importance of its early recognition, and at the time of occurrence.

3. Our opportunity to correct at this time the laceration.

4. Ultimate dangers of, especially as to, cancer of uterus.

5. Frequency of imperfect results, attending tracheloplastie operations: (a) Want of restoration of normal symmetry of cervix uteri; (b) artificial stenosis; (c) want of excision of unhealthy cicatricial tissue in bottom of the rent, and, of course, some continuance of local and reflex disturbances.

Habitual Cigarette Smokers Barred.

Habitual cigarette smokers are barred from positions in the operating department of the New York, New Haven & Hartford Railroad. H. A. Ives, who has charge of making the examinations, says:

"In signals the green stands for safety and the red for danger, and confusion of these colors has caused many accidents. This test is also a sure indication of whether a man is a cigarette smoker or not."

"If an applicant is an habitual cigarette smoker, he is almost sure to be more or less color-blind. The constant use of tobacco also injures a man's color sense, but failure on this account is found only in elderly men. The excessive use of liquor is also indicated in this way, although other tests usually stop a hard drinker applying for a position before he gets to this examination."—*Quarterly Journal of Inebriety*.

BOAS believes that the most important sign of bowel cancer is stenosis, manifested by visible and palpable peristalsis.—*Denver Med. Times*.

It is said that the persistent use of nitro-glycerine will produce a toleration of the drug which is almost marvelous.—*Med. Summary*.

A CASE OF LOCOMOTOR ATAXIA.*

BY MARK A. BROWN, M.D.,

CINCINNATI,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS
AND OF CLINICAL MEDICINE.

It has been said that it takes all kinds of people to make a world; it is equally true that disease of all kinds comes to the medical clinic. Every department of medicine contributes, and it becomes very often the clinician's duty to ferret out the underlying condition and assign the case to the proper specialist. Thus you will remember the woman whose gastric symptoms and cephalalgia were dependent upon a pathologic condition of the nose, as shown by the rapid cure when turned over to the care of the rhinologist; the old man whose claw-hand was due to a dislocation of the shoulder, improperly diagnosed and untreated, a case distinctly surgical; the pronounced case of neurasthenia which you saw no longer than a week ago, and which rightly belongs to the neurologist; while gynecological cases with all sorts of symptoms of what might be called a medical nature are of almost constant occurrence. The pure specialties are not so often harassed; thus an individual with an affection of the eye is usually aware of the seat of his trouble, and at once visits the proper specialist. To be sure, the oculist may recognize that the ocular disease is merely a local manifestation of a severe constitutional dyscrasia, as a certain form of retinitis in Bright's disease, and interstitial keratitis in hereditary syphilis; but these are part and parcel of his specialty, of frequent occurrence, almost pathognomonic, and instilled into him as the very rudiments of his art.

To come to the present case, he has already diagnosed his condition for us. His reply to our first question was that he has muscular rheumatism, but he immediately dashes our hopes of a prescription and speedy dismissal by adding that he has had his trouble for ten years, has visited numerous physicians and clinics, and has tried a large number of patent medicines, with but the most transient and temporary relief. This is a very unusual history in the affection he has named; we should, then, at the very outset entertain

a reasonable suspicion that the proper diagnosis has not been made. The location of the pain, he tells us, is in the middle of the chest anteriorly and above the lumbar areas on each side posteriorly; also on the posterior aspect of the thighs and radiating from these points down the legs to well below the knees. The character of the pain you have heard him describe, somewhat theatrically, it is true: "When walking along the street the pain would come so suddenly and I would often turn around to see if any one had struck me with a dagger." It was a pain and not an ache such as we expect to encounter in muscular rheumatism; it was not localized in any one of his joints. You heard him state in answer to questioning that he never has headaches of any kind, nor do the pains ever occur in the calves of his legs, as would likely be the case if these back miseries were of nephritic origin; and if you will note the color of his skin you will see that it is in no sense that of a patient afflicted with Bright's disease. On the contrary, he looks healthy. Another point about these pains: they go away as suddenly as they have come on. I do not think that we will go far wrong in calling them "lightning pains."

There is one rather striking symptom about this man which I have no doubt many of you have noticed while we were obtaining his history, and that is the extreme contraction of his pupils. Such a contraction might occur in the chronic opium habitue. It would be of very little use to question him on this point, as, if he were addicted to the use of opium, he would most strenuously deny it. We are able to rule out drug habit by the healthy condition of his skin, absence of tremor and of nervousness, and other points with which I will not now burden you. Let us test the reactions of his pupils while there is the present strong light on his face. Those of you who are quite near can readily see that as I exclude the major portion of the light there is no dilatation of the pupil such as always occurs under normal conditions. Now directing him to look out over the house-tops, and then to quickly transfer his gaze to my finger placed about ten inches in front of his face, you notice a very perceptible contraction of his pupil. In other words, you have a pupil that responds to accommodation but not to light. The left pupil

* Clinical Lecture delivered at the Cincinnati College of Medicine and Surgery, February 16, 1901.

reacts similarly. This condition is known as the Argyll-Robertson phenomena, while the marked contraction of the pupils is called spinal myosis. There is no drooping of the upper lid, or ptosis, as it is called, a condition due to paralysis of the third nerve; no paralysis of the external muscles of the eye; and as he says that he has not suffered from the slightest impairment of vision since the onset of his trouble, there is in all probability no degenerative changes, tending toward atrophy, in his optic discs. We will, however, have an ophthalmological examination made concerning this point.

We have now two symptoms or sets of symptoms pointing toward a disease of decidedly more serious character than muscular rheumatism. We will see if a third is present, and as he has his legs very conveniently crossed in the position for the proper elicitation of the test, I will strike the leg a pretty severe blow with the stethoscope just below the patella. As you see, there is no response; there is not the usual "kick-up" that occurs so promptly after a blow in this region; in other words, there is no patellar reflex. The reflex is also absent upon the other leg, and cannot be brought out in the slightest degree even when the attention is strongly attracted in various other ways. While the absence of this reflex, perhaps better termed myotatic irritability, may occur in an individual in perfect health, yet it is most unusual. Coming in this case in conjunction with the symptoms elaborated above, we are certainly justified in making a diagnosis of locomotor ataxia, or, as it is sometimes called, tabes dorsalis, or posterior spinal sclerosis, from its involvement of the posterior columns of the cord. All are misnomers, but the term locomotor ataxia has been selected by common usage.

As he walks about the room you see that there is nothing unusual about his gait, and that even with his eyes closed he is able to steer a straight and unswerving course from one end of the room to the other. There is no ataxia. Standing with his feet placed closely together and with his eyes closed, for the first few seconds his frame is absolutely motionless, and then occurs a slight swaying, but not enough to cause him to fall; no more movement, indeed, than would be manifested by one of us under similar circumstances; the so-called Romberg symptom

is absent. You see that he is able to place either forefinger on the top of his nose or on the lobe of either ear, swiftly and with considerable accuracy, even with the eyes closed, so that there is no incoordination present in the upper extremities. In other words, the disease is still in the pre-ataxic stage, and bear in mind has probably existed for ten years, from which time at least he dates the first appearance of the lightning pains. This is rather unusual without a coincident atrophy of the optic nerves; yet a few months ago, while in Philadelphia, I had the pleasure of attending the clinic of Dr. Frank X. Dercum, of Jefferson, and saw a case resembling in this particular the one before you.

As regards etiology, as this man denies specific infection, let me again call your attention to several small, rather kidney-shaped, whitish cicatrices in the neighborhood of the elbow, as fairly good evidences of a former syphilis. You will remember that they were also present in the man who presented himself to us a few weeks ago with a well-marked gummatous tumor of the sternum.

The prognosis, notwithstanding the apparent non-progressiveness of the present case, is bad; the only instances where the disease becomes arrested—and there is good reason for this in view of the newer pathology—is in those unfortunates in whom there is an early atrophy of the optic nerves.

Concerning treatment, I will say that while a history of syphilis can usually be obtained or evidence of its former existence found on close physical examination, yet anti-syphilitic treatment is not of the slightest avail except in some of those very rare instances where the tabes develops within five years after the primary infection. The treatment, then, becomes almost entirely hygienic and symptomatic, in the present case in the direction of relief for the lightning pains. Almost every known remedy has been tried, but with apparently little result; probably nitrate of silver, nitroglycerine, caffeine and acetanilid have been attended with as good success as any. We will put this man on one of these, the latter, and watch the result. I hope to be able to present him to you again in the course of a few weeks, though without much confidence that we have been able to relieve him to any great degree.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

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ANNUAL SUBSCRIPTION: Paid in advance, \$2.50;
within the year, \$3.00.

ADVERTISING RATES: Fifty cents a line of ten
words (brevier type).

All letters and communications should be addressed to, and all checks, drafts and money orders made payable to

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SATURDAY, MAY 25, 1901.

AS TO THE OBLIGATORY DECLARATION OF TUBERCULOSIS.

It was the late Lord D'Israeli who remarked that there were "liars, damned liars and statisticians." Any one familiar with statistical compilation will recognize the fact that figures can be so twisted and rearranged that numerals may be reversed to prove either the *pro* or *con* of any proposition based thereon. That both sides of a question be fairly presented, it is always well to note the statistics given publicity by parties ranged on opposite sides of the same question. Dr. Leroy, of Paris, in a recent paper has given a very fair exposition of the question of the contagion of tuberculosis as viewed by men of different minds. From this very interesting and lengthy document we cull a few extracts merely to show how divided medical opinion is on this question of the contagion of consumption, and the necessity of classing phthisical cases in the group of infectious maladies.

Dr. Leroy remarks: "Contagion here plays only a rôle that is absolutely secondary, and not at all comparable to that which occurs in maladies that are, properly speaking, contagious, such as small-pox, scarlatina, measles, whooping-cough and diphtheria."

Dr. Leroy then goes on to give the opinions of numerous writers on the subject, with historical references drawn from the work of the late Professor Strauss on "Consumption."

The belief in the contagion of phthisis goes back to the very origin of medicine. Galen described it as a contagious disease; Morton, Valsalva, Franck, Van Swieten, believed in its contagiousness; Morgagni feared it up to such a point that he never wished to make autopsies on consumptive patients.

At Naples, by a royal edict of September 20, 1782, the sequestration of all consumptives was ordained, together with the disinfection of places, effects, furniture, books, etc., by the use of vinegar, brandy, sea water, fumigations, etc. The penalty against the masses of the peoples for violation of this law was three years in the galley, while three years in the jail and three hundred ducats fine was the penalty imposed on Nobles. The physician who failed to report his cases was fined three hundred ducats for the first offense, and for a second offense was banished from the country for ten years. Any one aiding in the concealment of a consumptive patient was condemned to six months imprisonment.

In Spain and Portugal the law forced the relatives of a consumptive to make the declaration in the last period of the malady, so that the sick one's effects might be removed and burned at death.

The present anti-contagionist doctrine created by Broussais modified the world's medical opinion on the question; we see also that such observers as Lænnec, Andral and Rousseau had many reservations on this point.

"Pulmonary phthisis," said Lænnec, "has for a long time passed for a contagious malady, and still passes for such in the eyes of the common peoples, magistrates and some physicians in certain countries, especially those in the south of

Europe. In France at least it does not appear to be so; we often see among persons with few comforts and a numerous family sleeping in one room, only a single consumptive, or a husband dividing his bed up to the last moment with a phthisical wife, without any communication of the disease.

"Woolen clothing and the bedding of consumptives, that are burnt up in certain portions of Europe, and that are most often not even washed in France, have never appeared to me to even communicate the affection to anyone. However this may be, cleanliness demands that ordinary precautions should be taken in this regard. Many instances seem to prove that a disease that is not habitually contagious might become so under certain circumstances."

Andral likewise claimed that the contagion of phthisis had been greatly exaggerated, but said that in certain exceptional cases this contagion might be determined, so he warned all persons thrown in daily contact with consumptives, especially in the last moments of the latter, to take some precautions.

Trousseau declared himself as not having a positive opinion on the subject, and avowed that the question of contagion might become a future issue in medicine.

With Villemin came a new era, and, like him, Hardy, Herard, Musgrave Clay and Weber reported cases of contagion.

The discovery of bacilli in tubercular lesions by Koch, in 1882, gave the contagionists a new impulsion, such eminent men as Grancher, Chareau, Kelsch and Landouzy admitting the theory of contagion. "Nothing can become tubercular," says Professor Debove, "if it does not receive the germ of disease from the exterior. This contagion is rendered possible or easier by the inherent conditions of the individual, hereditary or acquired, but these conditions only act by preparing the soil or favorizing the pene-

tration of the germ." This writer, too, insists on the point that a sojourn in a hospital is particularly dangerous by reason of the large number of phthisical patients found in the various wards. He adds: "The majority of patients attacked by chronic diseases of long duration—paraplegia, hemiplegia, locomotor ataxia and sclerosis—succumb to consumption. As for the attendants on such sick, they furnish a considerable contingent to the statistics of consumption." Laveran claimed a frequency of phthisis among nurses in military hospitals. Ramazzino noted this frequency in monasteries and convents. Laennec had already cited an example of a community of women. "During ten years that I was medical attendant to this house, I have seen it renewed two or three times, following the successive loss of its members, with the exception of a very small number, composed principally of the Lady Superior, the nun at the gate and the sisters who had charge of the garden, the kitchen and hospital; but it is necessary to remark that these were the ones who had the most distractions in the house and who frequently walked outdoors to make purchases and carry goods to the town."

Is it astonishing, then, that the sisters, usually the younger ones, who followed up with the greatest strictness their religious vows, having no exercise, and continually fasting, should have suffered most from this indoor confinement and self-inflicted penance?

As showing the difference in female religious communities, Haupt, in 1890, investigated the mortality among nuns described by Cornet, and found that the mortality was infinitely less among the Protestant orders of religion. Of 275 deaconesses belonging to Protestant orders, there were but two cases of phthisis in twelve years' service. Haupt at the same time made an investigation among the inhabitants at the Consumptive Station of

Soden, who were in constant connection with the consumptive visitors, nursing them and cleaning up effects and rooms. Of 653 persons in direct contact with consumptives for thirty years only 15 had ever had consumption, and of this number 9 had direct hereditary antecedents. As to the regular nurses employed *not one had ever had the malady.*

It was Cornet, just mentioned, who, in 1889, obtained the statistics of the Prussian Empire and the official mortality report of the Catholic religious orders for the period of twenty-five years. His figures, as given, showed that the mortality among these orders from tuberculosis was about two-thirds (62.88 per cent.). This enormous mortality is found nowhere else save in monasteries and nunneries.

Now, again, let us quote the anti-contagionists. It seems that the enormous mortality particularly noted among some classes of nurses is not a general thing. Lombard states: "The rarity of phthisis among nurses and hospital attendants shows us how much foundation there is for the opinions of some authors as regards the question of contagion. We can affirm that, at least at Geneva, Paris, Vienna and Hamburg, *no contagion exists*, since the hospital attendants who breathe an atmosphere charged with the emanation of a great number of consumptives are rarely attacked by phthisis. Perhaps it is not the same in southern countries, but we have no positive knowledge on that point."

In 1882 Dr. Williams, who was for many years medical attendant at the great Brompton Consumptive Hospital, declared that among all the physicians, nurses, and hospital attendants, etc., attached to this large institution, many of whom had lived there for long years, consumption was no more frequent than the mean average in towns. "This fact," said he, "is against the opinions that consider consumption as being an infectious malady."

In 1884 Fraser, in a very extensive medical practice of twenty-five years, said he had never seen a single case establishing the transmissibility of phthisis between husband and wife. In twenty-six cases, where one of these two died phthisical, the affection was not transmitted to the survivor, although husbands and wives had occupied the same beds and lived in the closest possible relations.

In 1884 the celebrated Bennett, calling over his past experience, declared that if consumption is contagious it is only so under very special and very exceptional conditions.

In 1883 the British Medical Association named a commission, charged to send to the 10,000 members of that body a question conceived as follows: "Have you observed in one or more cases that phthisis has appeared to have been transmitted from one person to another? In case of affirmation, did it arise from family contagion (especially between husband and wife)? Was there any hereditary predisposition?"

This committee received 1,028 answers to the inquiry set forth; 673 simply replied, "No," without other explanation; 272 affirmed the transmissibility; 39 were doubtful; while 105 pronounced for the negative, with observations in support of their view.

The English commission concluded, as the result of this inquiry, that if phthisis is a transmissible disease it is only so following very close personal connections, such as those observed between persons sleeping in the same bed or living together in close and ill-ventilated places.

The following year the Medical Society of Berlin opened a similar inquiry. It received only 46 observations, of which 6 were rejected because the contagion was not sufficiently proven. The 40 cases (19 men and 21 women) included 23 cases of marital contagion, of which 11 cases were transmitted to wife, and 12 cases from

wife to husband; in 9 cases the disease appeared to have been transmitted by contagion between relatives, following cares given a consumptive; in 7 cases by contagion between strangers, likewise from attending to consumptives; 1 case, it was alleged, arose from milk derived from a consumptive cow.

The Medical Society of Paris Hospitals opened a similar inquiry in 1884. Vallier made a careful report on the result of this French investigation. Eighty-three physicians responded, of whom 57 affirmed that contagion, or *believed it possible*; 13 denied it and 13 were in doubt. These 83 doctors reported cases, of which 213 sustained the contagionist idea, and 226 that had no place. In the 226 cases, despite favorable conditions for transmission between husbands and wives, relatives and strangers living in promiscuity, more or less complete and prolonged, with consumptives, there was no evidence of contagion. The 213 cases of alleged contagion included 107 cases of husband or wife, of which 64 cases were from husband to wife, and 43 cases from wife to husband; 73 cases of contagion between relatives were claimed.

Professor Delacour gave the histories of fifty-four households to which he had given medical care, and where one of the conjoints was phthisical or died of the disease. In 50 cases the survivor was healthy a long time after the loss; in only four cases did the survivor have lung trouble, and it is not proved, says the author of this report, that there was any hereditary tendency in these cases.

Leudet, too, likewise investigated what had become of conjoints surviving phthisis observed by him for twenty-five years. He found that of 112 widowers and widows, 7 only, namely, 4 women and 3 men, had afterwards died of consumption.

"These facts," says Vallin, prove that tuberculosis is not very contagious, but do not prove that the disease is not con-

tagious. We cannot hope to dissipate doubts by negative facts as to the existence of the element of contagion. We must note, too, that the cases reported by Leudet and Delacour belonged almost entirely to the exclusive class of society, where the chances of contagion are diminished by good living and sanitary surroundings, and that the proportion of cases of laryngeal contagion is larger among the poorer class of society."

Such numerous and opposite opinions separate us, it would appear, from the primordial fact that it is demonstrated to-day that tuberculosis *may be contagious*. The belief does not rest upon cases where the question of contagion is really proven. The statistics of the last twenty years show that in the condition most favorable for contagion, when everything is best suited for the transmission of an infectious disease—that is to say, in the intimate cohabitation of husband and wife, one of whom is phthisical—the disease is very rarely ever transmitted. It is necessary, moreover, to remark that where this contagion is best proved is exclusively in poor households. After constant vigils at the bedside of the sick, small income and privations of all kind are easily causes for a disease development by themselves. Should the additional expense of sanitary service be imposed on these poor?

"Supposing the duration of life of a consumptive patient should be five years. Multiplying this figure by the number of deaths in Paris from consumption, i.e., 15,000 a year, there would be, following the sanitary plan now proposed for France, 75,000 disinfections per annum in the city of Paris alone, without counting the cost of sending the patients here and there, and the disinfection of theatres, public halls, hotels, etc., where some unfortunate consumptive may have been.

"The 75,000 consumptives of Paris circulate freely, and, according to the modern theory of many, disseminate the alleged

germs of contagion over the streets, theatres and dwelling houses. So it happens that every day of the week and every hour of the day, following the social condition of the individual, all the inhabitants of that great city absorb with the air they breathe the dreadful (for bacteriologists to contemplate) Koch bacillus. Each consumptive distributes myriads of these alleged germs daily, and in one year should be able to poison (if the claims of contagion be true) at least ten persons. At the end of a year Paris should have 750,000 infected peoples, at the end of two years 1,500,000. Soon—alas! too soon for the good of the germ theory—all Paris would be dead with phthisis pulmonalis."

Since it has been demonstrated that the most intense relationship in life seldom, in proportion to numbers afflicted, begets phthisis, the question of contagion must remain very, very doubtful.

Vallier states, in conclusion, that "we believe the state of our knowledge upon tuberculosis does not authorize us to mark, as public plague, those who carry the Koch bacillus; but—let us remark this—if disinfection cannot be practiced in secret, consumptive subjects will be considered like lepers of other days—as objects of fear and disgust."

So Vallier enrolls himself among the number who oppose the inscription of consumption among the contagious diseases. Let the alleged sanitarians who control public affairs take notice that this matter will be fought to a finish as between the peoples and those who seek to restrain the liberty of the sick. A step from consumption to rheumatism and asthma will be the next one taken by those who discover a new germ for every disease and its antitoxin in the proprietary medicine line. The reported increase of vaccine and toxine farms and laboratories presupposes the presence of diseases they are supposed to prevent. The *raison d'être* of such establishments

is the sale of their products, and on these there can be no demand without a supply. That demand is based on public and professional credulity.

T. C. M.

THE AMERICAN MEDICAL ASSOCIA-TION.

The meeting of the Ohio State Medical Society is a pleasant memory of a mutually profitable assemblage of the active members of the medical profession of the State of Ohio, and now comes claiming attention the great representative National American Medical Society, meeting at St. Paul, June 4-7, which for some important reasons should be largely attended.

First, there will come up a preliminary report of the Committee on Reorganization. This committee is constituted of Drs. J. N. McCormick, of Kentucky; P. M. Foshay, of Ohio, and G. H. Simmons, of Illinois. The writer has carefully gone over this report, and is glad to say that nearly, if not quite, every line meets with his hearty commendation. The report is full and explicit, and shows a thorough study of existing conditions in the American medical profession and their divergence from the situation confronting the Association half a century ago.

For a decade or more many earnest and thoughtful men have felt a necessity for a movement similar to the one which has engaged the present Committee on Organization's attention, but focal crystallization was left to culminate in the present proposition.

The committee recommends the constitution of a body to be known as the House of Delegates, and constituted of not more than one hundred and fifty members, who shall have charge of all legislative propositions, the house to receive its membership from the State societies in the proportion of one to each five hundred State society members. This is a rational and fair basis of representation, and will do a

world of good in stimulating the State society organizations, and from there the good influence will be reflected along down to the district and county societies, so that it is reasonable to anticipate a general revival of interest in medical affairs in every State in the Union.

One amendment might with propriety be suggested, and that is a provision for a meeting of the House of Delegates not less than three or four days prior to the general sessions of the Association, in order to give this great legislative body an opportunity for deliberative action upon measures that may come before them, and at the same time permit the members of the committee to attend the general sessions.

Another suggestion is bi- or triennial sessions, which would add to the interest and professional influence of the meetings. This action could well be taken in view of the increased importance that will hereafter be given to the State society sessions.

These are the only suggestions which have occurred to the writer in reading this very able and comprehensive report, in which every physician in the United States is directly and vitally interested. For this reason alone the St. Paul meeting should be representative of the best men in the profession. The importance of the meeting, in view of this action of reorganization, is so great that its influence cannot be exaggerated. Therefore, all who can by any possibility should attend the meeting, and make it a point to be present when this influential question comes up for action.

The writer counsels the adoption of the report of the committee as a whole, without attempt at amendment. The omissions suggested in this article can very well be laid over for a future consideration of the House of Delegates.

Nextly, the local profession of Ohio, and specifically of Cincinnati, has been

highly honored in a selection from its ranks of a presiding officer for the ensuing sessions of the Association. Therefore, it is becoming and right for the Ohio delegation to show up strong. These remarks are particularly applicable to Cincinnati, and it is a pleasure to note that present indications are indicative of a very large attendance from the Ohio Valley, and from Cincinnati in particular.

At the recent meeting of the Ohio State Medical Society a Transportation Committee was constituted for the purpose of gathering the members together who would go to the St. Paul meeting. Dr. Haines, of 1606 Freeman Avenue, Cincinnati, is the active member of the committee for all the territory in any of the adjacent States that is tributary to Cincinnati, and will take pleasure in giving information as to rates and accommodations to all who may apply. The writer is informed that a single fare plus two dollars has been conceded by the railroads for the round trip, which is a little better than has ever before been given. Arrangements have been made for an excursion to Yellowstone Park for those who desire to visit this great natural phenomenon.

In summary : Make a sacrifice if necessary to go to the St. Paul meeting, if for no other reason than to take an active part in securing an adoption of the reorganization measures to be proposed. It is essentially important that every one who can by any possibility get there should do so. It vitally concerns every physician in America. Do not say you do not know how this can be. Some adverse legislation would very soon show you how, and for that reason, if for no other, you should go.

Another reason that should appeal strongly to every active practitioner in the great Middle States is the fact that the American Medical Association has honored one of themselves with the Presidency. As a presiding officer the Association will find in Dr. C. A. L. Reed a

man of whom they need not fear or be ashamed. He will make no breaks, but prove an ideal executive. Therefore, the suggestion is made that all previous records be left far behind and an unheard of attendance be written of the St. Paul meeting.

It is well and pleasurable to get together. Forty-seven went in a company from Cincinnati to Newport, R. I., at the time Dr. W. W. Dawson was President. That was in 1889, twelve years ago. It is an honor to look back upon that occasion and be able to say one was there. Let this present period be a multiplication of that, and an escort of the President's train be formed that will be a credit to all who take part in the procession. There is no time to lose, as the meeting is week after next, and the word goes forth, "On to St. Paul," and place yourself in care of Dr. Haines, who is the jolliest bachelor that ever escaped the wiles of the fair sex, and he will do the rest.

THE NEW LABORATORY OF THE UNIVERSITY OF PENNSYLVANIA.

What a delighted crowd of local medical men if we could say, "The new laboratory of the University of Cincinnati." Cincinnati was second only to Philadelphia in the establishment of a separate and distinct hospital for consumptives. Who knows but that in the dim and distant future this new departure of the great medical centre of the East may be copied in a small way by this, the medical centre of the West (Chicago medical journals please copy)? During the past week circulars have been sent broadcast by the provost of the University of Pennsylvania, announcing the immediate erection of a new building to be devoted to research work in pathology, physiology and pharmacodynamics. Costing, as it will in the neighborhood of \$500,000, exclusive of ground and fixtures, this mag-

nificent structure will be the best equipped for its work of any not only in this country, but in Europe as well. Think of the triumph in that statement that, at last, an American college will be able to compete with the leading universities of Germany in a field that has been regarded as essentially their own! This acknowledged leadership has not been so much a superiority in qualifications and learning, but the laboratory leaders in the foreign universities are able to give their entire time to their work, while in America the men engaged in the same line are compelled for obvious reasons to devote the major portion of their time to the practice of their profession. Now all this has been changed. With an endowment of \$7,000,000 and an additional enormous income from the attending students, the University of Pennsylvania need not take expense into consideration; they have merely to select their men and the rest follows as a matter of course. And the new departure means much to American medicine; it is not a local item, but an advancement of national interest; it means that the student of to-day is no longer compelled with such schools near at hand as the University of Pennsylvania, Johns Hopkins and Ann Arbor, to bury himself in Europe for a year or two in order to perfect himself for the practice of his profession.

All this was accomplished in one way—endowment. In medicine, with sufficient capital, almost anything can be accomplished. In Philadelphia a wealthy citizen cannot aspire to celestial spheres unless he leaves a portion of his money to "the University;" it parallels the relation of the wealthy Hubbite to Harvard.

In the past few years many noble gifts have been given to our University, but no one has remembered the cause of medicine, which brings more outside students to the city, and consequently more money, than all other departments of the University combined. This forgetfulness has been

entirely the fault of the physicians themselves. The subject has never been brought before medical men in its proper light. If brought at all it has always been in the interests of some one institution, without a thought of the advancement of medicine in general. The late William Pepper was able to abstract millions from his good friends in Philadelphia by the might of his own great personality. Let some local Pepper get to work and bring to himself immortal fame by giving his city *one* medical college that may worthily rank with the great trio named. The inference conveyed of consolidation of schools, so great has been our progress, is not made in fear and trembling, as it would have been but a few short years ago, but as expressing the opinion of many of our most prominent physicians who have the good of their profession at heart. Consolidation is the keynote of modern commerce; why not in medicine also? It is being done in other cities with not half the natural advantage of our own; it is not fitting that Cincinnati should wait until the procession has swept past, leaving us to drag hopelessly along miles in the rear.

M. A. B.

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THE LABORATORIES OF THE CINCINNATI HOSPITAL.

Since the above was written the invitation has been sent out for the formal opening of the laboratories that have just been erected in connection with the City Hospital. The invitation was made to the medical profession of the city and vicinity, by the Secretary of the Board of Trustees, Dr. C. R. Holmes, at the last regular meeting of the Academy of Medicine. The date of the opening will be on the evening of May 27, the regular meeting night of the Academy, at the amphitheatre of the hospital, where a lantern-slide exhibition will be given. There will also be shown the specimens to be sent by the hospital to the pathological exhibit at

St. Paul. There will be no Academy meeting at the Literary Club on that evening.

Dr. Holmes, in the course of his remarks, said that it was the hope of the Board to be able at some future time to fit out a laboratory for the medical profession at large, where every physician of the city could go and make his own observations, grow his own cultures, make his own blood counts. This scheme is a most admirable one, and when carried out will be another step toward the "community of interests" that is slowly but steadily centering upon us.

M. A. B.

THE BRANCH HOSPITAL FOR CONSUMPTIVES.

For a number of years a few of the citizens of Cincinnati have had a rather hazy idea that a hospital has been established somewhere in their vicinity and maintained by their tax duplicates for the relief of the consumptive poor. They were probably not aware that it was the second institution of its kind to be erected in this country and the first in the West; they are not aware that to this day but a small number of States have made this advance in medical science; they do not know that even the European countries are behind their own in this respect.

It is needless to say to medical readers that the best results obtainable in tuberculosis depend upon sunlight, fresh air, good food and proper hygienic surroundings. All of these conditions have been satisfactorily met at the Branch, and the result is an institution of which any city might be proud; consumptive poor can now enter with, in the early stages, a fair prospect for complete recovery; in the later, hopeless stages, buoyed up with the dream that, in spite of their poverty, everything that medical science can do will be exerted in their behalf. Cincinnati at least will not have to bear the

blame of the heartless aphorism, "The prognosis of consumption depends on the size of the individual's purse."

In order to bring before the public, and particularly before the legislative bodies of the city, the great work this institution is doing, the Board of Trustees issued a large number of invitations for an inspection of the Branch Hospital for Consumptives at Lick Run for Thursday, May 16. Several hundred accepted, and that they were surprised is putting it mildly; even the members of the medical profession present were unaware that such extensive improvements had been made. Several large new buildings have been erected, well separated one from the other, as it is the intention of the Board to divide the patients into three classes, depending largely upon the amount of lung tissue involved by the tuberculous process: incipient phthisis, in whom there is a hope of complete recovery; that large middle class, chronic in nature, almost non-progressive as regards physical signs, but daily expectorating large amounts of sputum containing myriads of tubercle bacilli; cases progressing rapidly toward a fatal termination. Patients will be transferred from one building to another as their condition seems to warrant it. To the thoughtful physician this latter step is the most important of the entire undertaking. What gain is it to the victim of incipient phthisis that he receive the best of surroundings by day, if during the night and in inclement weather he is herded with a number of hopeless consumptives? A patient with beginning consumption can be re-infected from outside sources just as readily as he can reinfect himself. The Branch was established not alone as extending a ray of hope to the consumptive, but, what was considered at the time as of greater importance, the prevention of tubercular infection in convalescents from the various infectious diseases, as typhoid, pneumonia,

measles and whooping-cough. As every old hospital interne will remember, patient after patient convalescing from these diseases was doomed to an untimely death, simply because he was surrounded by consumptives in all stages of the disease. The recent consumptive is just as susceptible of infection.

Probably the most interesting features of the new buildings were the solaria, in which the patients can take sun-baths even in the winter. It is of interest also to note that, in accordance with numerous requests, the Board decided to erect a number of rooms for private use, an argument which, more than any other, will show the charity consumptive that he is not put into the institution merely to keep him away from his fellow-beings for the few days perhaps allotted to him, but to give him every opportunity to regain his health and strength.

After an inspection of the buildings a banquet was served, Dr. A. B. Isham, of the Board, acting as toast-master. He first introduced Mr. Benneker, Chairman of the Finance Committee of the Board of Legislation. The latter stated that the afternoon experience had been in the nature of a revelation to him, and while he and his colleagues had always been mindful of the great work the hospital was doing, in future they would be more generous, so that every requirement of the institution could be met. Speeches were also made by Amor Smith, Jr., Ex-Mayor of Cincinnati; Drs. F. W. Hendley, N. P. Dandridge and T. A. Reamy.

The Board of Trustees have done well in interesting in a practical way the political bodies of the city in the value of a consumptive hospital. These gentlemen have seen where the city's money has gone; they see the need of financial support if the work is to be continued; they have heard the unqualified remarks of some of the leading physicians of the city that consumption is an infectious disease,

and as educated men they know that every infectious disease is an expense to the city almost in direct ratio to its prevalence; they know that more people die of consumption than of any other disease; they know that its victims are usually sick for months and even years, during which time they and their families are often a direct expense to the city. It is not far, then, for them to reason that the sustenance of an institution that, if nothing else, prevents, even to a limited degree, the spread of this disease, is an economic move of vast importance, and should not for an instant be set aside, no matter how great the expense; in the end it will surely be a financial gain, to say nothing of the comforting fact that hundreds of helpless poor will have had their last hours made brighter and happier.

M. A. B.

EDITORIAL NOTES.

AMERICAN GASTRO-ENTEROLOGICAL ASSOCIATION.—The following officers were elected at the annual meeting, held in Washington, D. C., May 1, 1901:

President—John C. Hemmeter, M.D., Baltimore.

First Vice-President—W. D. Booker, M.D., Baltimore.

Second Vice-President—S. J. Meltzer, M.D., New York.

Secretary and Treasurer—Charles D. Aaron, M.D., Detroit.

Council—Max Einhorn, M.D., New York; D. D. Stewart, M.D., Philadelphia; A. L. Benedict, M.D., Buffalo.

The next annual meeting of the Association will be held in Washington, D.C., May 2, 1902.

DEATH OF AN EMINENT FOREIGN PROFESSOR.—Joseph Fodor, M.D., professor of hygiene at the University of Budapest, has recently died. He was born in 1843, studied under Pettenkofer at Munich, and later under Baron Liebig. Dr. Fodor was, after his master Pettenkofer, the best

known of the European sanitarians, and did much toward rendering Budapest the healthy and beautiful city it now is. He was a man of many gifts, and was for some time joint editor of the medical journal *Orvosi Hetilap*.

THE Board of Trustees of the Ohio Hospital for Epileptics met May 17, and received the formal resignation of Dr. H. C. Rutter, manager, which had been requested by Governor Nash.

PROFESSOR DEBAUL, of Paris, declares that the inability of the French women to properly nurse their children depends in a large measure on the use of alcohol. This diminishes the secretion of milk and produces degeneracy, both in the mother and offspring.—*Quarterly Journal of Inebriety.*

DEPLETING congestions and inflamed tissues, through exosmosis without injury to or irritation of the skin and affected surfaces, and thereby preserving the tissues, relieving swelling, redness, pressure on nerve terminals, consequently pain, is a doctrine which had its origin and birth simultaneously and in connection with the origin of *Antiphlogistine* some nine years ago. The practical clinicians—that is, the successful men everywhere—have demonstrated to their own satisfaction that this theory is sound and that *Antiphlogistine alone* is capable of accomplishing these ends. Doctors not familiar with the preparation ought to be. See advertisement in this issue.

D. P. GILMER, M.D., Louisvile, Ky., states: "I have used Glyco-Thymoline (Kress) in numerous cases, and find it an unrivaled antiseptic. It has the therapeutic value in it to control and allay all catarrhal affections of the mucous membranes. I consider Glyco-Thymoline (Kress) a gem rarely found and of great price, and find it will do more than we claim for it. I always keep a good stock on hand. I am treating tuberculous lungs with Glyco-Thymoline (Kress) in the form of nebulization, and it is giving nice results, not as a specific, but as palliative treatment."

THE ABBOTT ALKALOIDAL CO., Chicago, Ill.

I regard your "Abbott Saline Laxative" as decidedly the best of all the saline preparations that I have used; in fact, I think so highly of this product that I feel that I could not do without it. It is certainly all that is claimed for it. The effect is all that could be desired.

DR. A. L. H., Colo.

Current Literature.

The Causation of Cancer and Other Growths.

There has long been a keen debate waged over the etiology of tumors. Some hold that a cancer is malignant from the first moment of its origin, others hold that tumors of benign nature may change their characteristics and become malignant. Prof. J. George Adami, of Montreal, recently delivered an address on the origin and growth of tumors before the Yale University Medical Association, in which he makes some observations of very great importance.

In the first place he reviews the parasitic theory of the origin of cancer. It must be admitted that he makes a fair statement of the case as advocated by those who advance this opinion. The application of special staining methods to the cells has made it appear that "the histological evidence that cancer is due to parasites becomes, to say the least, singularly frail."

The statement is made in the address that a clear line of demarcation cannot be drawn between malignant and benign tumors. All growths that are classified as true tumors may take on the two main features of malignancy, namely, the local invasion of surrounding tissue, and the formations of new growths of like nature in distant organs. In this way enchondroma and lipoma may undergo morphological changes and become malignant; but there can be no doubt "that this sarcomatous tissue is the direct outcome of the cells forming the primary tumor."

There are three ways of viewing the parasitic origin of tumors: that all tumors are caused in this way; that infection is only one of the ways; that tumors begin without parasitic aid, but become infected later. It must be declared at once as without doubt that "there are tumors which assuredly are not of parasitic origin." "We cannot go to the opposite extreme and say that no tumor is due to the action of parasites on the tissues." In the body there are cells of varying degrees of activity and resistance. The toxins produced by parasites, if acting in an energetic manner, may cause necrosis; but, if acting less

severely, may give rise to proliferation and growth. From a careful study of the schizomycetes, the coccidia, and the bilharzia, we must come to the conclusion that parasites may be one of the causes of tumor growths.

In the origin of tumors, we recognize a series of growths, at one extreme of which tumors grow from misplaced tissue without the aid of parasites, while at the other extreme of the series there are growths originating in normal tissues, and growing as the result of irritation induced by parasites. Between these extremes there are growths that approximate and belong to one or the other group. There have been many attempts to find a common bond of union between these two groups. Cohnheim and his followers tried to explain everything in connection with the origin of tumors on the cell "rest" theory. Others again on the parasitic theory. Two problems are to be solved: Certain tumors arise from misplaced cells, certain other tumors arise from cells originally normally placed.

The presence of cell "rests" do not explain the origin of tumors. There is something more required. It is necessary that these cells be acted upon by surrounding influences to establish an active proliferation. There must be a periodic irritation of the cells, and this irritation must be sufficiently prolonged that the relationship of the cell to those in its neighborhood are completely altered. The irritation that has set up the requisite changes in the cell must continue, otherwise the process of new growth would cease, the cells become again latent, or revert to the formation of cells with normal functions. When once the process of abnormal cell formation has been established by continuous periodic irritation, some of these cells wander away from their proper relationships to other cells, and become heterotopic. The continuation of the irritation that started the abnormal cell process creates in the cells a tendency to growth rather than a tendency to work or function.

The microbic theory of the origin of cancer and sarcoma, argues that these organisms and their toxins cause localized cell proliferation. They bring about stimulation and mild irritation, and give rise to that activity in the cells that leads to growth rather than function. The more the cells depart from their normal charac-

teristics, the more active may the microbic toxins become in the way of promoting the new growth. While this is possible, it is by no means necessary that there be microbes or their toxins acting on the tissues. It must be admitted that if parasites start malignant growths, they do not continue the process, and have not as yet been demonstrated as present. This is quite contrary to what has just been shown, that the irritation starting the growth must continue in operation.—*Canadian Practitioner.*

Diseases of the Myocardium.

Henry Jackson writes an interesting paper on this subject (*Boston Med. and Surg. Journal*) in which he states that myocardial disease does not receive the attention in our text-books which it deserves. He shows that murmurs by no means indicate the presence of valvular disease. In the first case we have the many instances of "hemic" or functional murmurs. In the second place murmurs are found in disease of the myocardium which are due to no defect of the valves but are nevertheless caused by real regurgitation dependent upon non-closure of the valves; with the dilatation of the ventricle, the ring of the valvular orifice is enlarged and the valve curtains can no longer cover the orifice. Dr. Jackson classifies diseases of the myocardium under the following heads:

1. Disturbances of the circulation due to the stoppage of one of the branches of the coronary arteries; this may be sudden or gradual—in the former case it may cause sudden death, in the latter muscular degeneration.

2. Inflammatory processes, due to infection, with pus microbes or rarely the gonococcus.

3. Degeneration including atrophic processes and fatty degeneration.

4. Tumors, and especially gummata.

5. Hypertrophy and dilatation. Under this head Dr. Jackson considers a form which he calls "parietal disease of the heart" as compared with that due to valvular disease. The causes of this condition outside of the heart are as follows: Pericardial adhesions, disease of the kidneys, chronic pulmonary disease, actions of drugs and poisons, especially alcohol; overwork, the so-called "soldier's heart;"

a few cases in which the etiology is obscure; last, and by far most important, arteriosclerosis, arterio-capillary fibrosis.—*Med. Standard.*

Malaria.

No disease, perhaps, has so commanded the attention of the profession in the past ten years as has malaria, and its history has been entirely rewritten. Empirically, one of the few specifics was given to the profession for its cure, but the history of its etiology has been revised and rewritten, keeping pace with the discoveries of investigators in almost every country, prominent among whom are Varro, the first of prominence, writing one hundred years B. C.; Laveran, a French military surgeon; Golgi, an Italian; Manson and Ross, in England; and our own MacCallum, Thayer, King, Burns, and many others.

This vast revolution from the acceptance of the "Malaria" theory of its etiology to the now accepted mosquito theory, is another evidence of the progressiveness of medicine, the willing throwing aside of dogma and prejudice by its devotees, and the broad-minded, humanitarianism of the world's medical profession.

McFarland (*New York Med. Journal*, November 17, 1900) says of the mosquito theory:

"The 'mosquito theory' is, then, a clearly demonstrated fact, and fully explains every particular of the natural history of the disease.

"Certain districts, and particularly marshy districts, are malarious because the appropriate mosquitoes inhabit them. Such localities are sometimes free from the disease because the mosquitoes are not infected. They may suddenly become hot-beds of the disease by the advent of some temporary or permanent visitor with malaria, by whom the mosquitoes become infected. Tropical climates, summer seasons, warm weather, and dampness, all favor the disease, because they favor the development of the mosquitoes. The autumn is the most malarial season of the year, because there are more mosquitoes then, and because more of them have had the opportunity to become infected. Infection takes place at night rather than in the daytime, because the mosquitoes are nocturnal in their habits. The infection occurs near the ground, because the mos-

quitoes frequent the lowlands and do not fly high. It occurs in rooms with windows open, because the mosquitoes can readily enter. Still atmospheres predispose to it, because mosquitoes seek shelter from the wind. It is carried but short distances by the wind, because the mosquitoes avoid flying in the wind. Its occurrence is favored by turning up the soil, because of the occurrence of puddles in which the insects breed. It disappears from marshy districts after they are drained, because the mosquitoes no longer find breeding places there. It disappears when the soil is well tilled, because the breeding places of the insects are interfered with.

"The disease is readily transported from place to place by sufferers from it seeking salubrious localities, and by the transportation of mosquitoes in carriages, railroad cars, etc. The disease has an incubation of some days, so that its development in a patient at one place may not mean that it was not acquired at another place.

"Where now is 'mal-aria'? In the progress of information it has lost all its original significance, and from a disease thought to be caused by bad air we have found out that it is specific, infectious, and that the air has nothing to do with it."

In this issue we publish an interesting article by Dr. William Britt Burns, upon Infantile Malaria, who also makes a strong plea for the general adoption of the mosquito causation of malaria, giving the results of some important original investigations along this line in the Arkansas swamps.—*Louisville Journal of Medicine and Surgery.*

Dementia from Alcohol.

The fact becomes more and more prominent that the continuous use of spirits, even in small quantities, is followed by dementia. This may not always be recognized, but measurement of the senses and functional activities by instruments of precision uniformly indicates depression, diminished and lowered vitality. The heart's action is changed, the nutrition and assimilation is disturbed, and the operations of the mind show a wide deviation from the normal state. Where there is hereditary predisposition to use spirits, or the person is a psychopath, or suffers from neurosis, inherited or acquired, dementia is a most natural sequel. The constant anesthesia which follows from

the use of alcohol, together with the chemical disturbances of assimilation and nutrition, after a time are followed by permanent organic changes. The action of alcohol on the heart can be traced, but its effect on the nervous centres is more obscure. The steady drinker suffers from the toxins of alcohol and poisons which are produced by this agent circulating through the blood, which finally act on the nerve centres, producing first functional, then organic, disturbances, and finally extend to dementia. It is an error to suppose that intoxication is the only indication of damage from alcohol. In reality, such toxic states are only incidents from which recovery follows. The most serious injury comes from the continuous use of spirits and the constant depression of the nerve centres, and the persistent derangement of assimilation and elimination. The periodic drinker has free intervals of sobriety during which nature makes an effort to restore the damage, but the continuous drinker is subject to the constant, uniform action of depressing toxins. Stages of dementia are started, and, although at first slight and obscure, they become more and more apparent. Thus, in one case, a constant drinker after a time shows egotism and superior confidence in his strength, unnoticed before. In another case, stupidity and dullness are the early and later characteristics. In another, the higher brain centres suffer, and the character and pride of appearance is changed. In another, unusual parsimony or generosity indicates a change. Often these mental states appear prominent for some time before organic symptoms are apparent. While each case differs from others in a degree, there can be no doubt that a uniform, progressive degeneration follows in all instances where alcohol is used constantly. Illustrative examples are very numerous, and an occasional so-called exception in which the constant drinker appears to be free from organic disease has sometimes been found. Careful inquiry into these cases with measurements by instruments of precision reveal changes and marked dementias which are unmistakable. While dementia is the most common form of mental defect, other disease states are noticeable in these cases, and death often follows from acute inflammation of the lungs or kidneys. A general paretic condition may exist in all the

organs, while the higher brain functions show marks of dementia. Recent studies in this direction reveal a new field of facts which contradict all assertions of the possibility of a harmless use of small quantities of alcohol daily.—*Quarterly Journal of Inebriety.*

The Genesis of the Tuberclie.

Few subjects in pathology have been the source of more careful investigation and learned discussion, than the origin of the histological elements of the tubercle. Few subjects investigated have resulted in more widely varying conclusions. Baumgarten, in his thorough study of tuberculosis in the anterior chamber of the eye, found that the fixed tissue cells, epithelia, endothelia and connective tissue cells, underwent karyokinetic changes to directly form epithelioidal cells, that these in turn were the source of giant cells. Metchnikoff with equal emphasis declares that they find their origin not in the fixed cells, but exclusively in the mononeuclear leucocytes.

Others, Ziegler, for example, have taken a more conservative position and are of the opinion that either or both may be the progenitors of these cells. Such widely differing opinions from men of equally high authority make any new evidence which may throw light upon the subject, of more than passing interest, whether it support one side or the other.

B. Dembinski publishes in *Przeglad lekarski*, 1900, No. 15, the results of a series of experiments carried out by him in the Pasteur Institute in Paris. He made intra-peritoneal infections in rabbits and studied the progress of development in the omentum. On account of the difficulties attending the microscopical examination of the living omentum, he found that method unsatisfactory, and therefore based his conclusions more upon the results of examination of hardened and stained preparations of small portions of omentum excised at regular intervals. These preparations showed that the tubercle bacilli are first surrounded by polynuclear leucocytes and two days later by mononuclear leucocytes; and these cells alone, the fixed cells playing no part, form the histological tubercle.

In order to support this position he made an additional experiment; a small piece of cotton covered with dead tubercle

bacilli was placed in the peritoneal cavity and allowed to remain there for a week, when it was removed. In the fluid which he squeezed out of this cotton pellet, he found "typical giant-cell tubercles."

It would seem that Dembinski's position was well taken, in holding that the fixed connective tissue cells could not have played any rôle in the formation of these particular tubercles, but that they were entirely made up from the leucocytes, whether polynuclear or mononuclear.

The substantiation of this work will necessitate the wider view of the genesis of the tubercle.—*Journal of Tuberculosis.*

Leukemia.

In the *Med. Standard* A. R. Edwards, in a lecture on myelogenous and lymphatic leukemia, says that the treatment in these cases must be more or less empirical, as we do not know the real cause of the disease, and cannot therefore combat the exciting factor. Various remedies and measures have been used. The attempt has been made to extirpate the first growth of glands in order to check the disease. The spleen has been extirpated, but the mortality from this operation has been excessively high. Those cases which have survived have progressed despite extirpation.

Next the dietetic and hygienic treatment, with which we cannot accomplish much. We must always regulate the dietary of the patient, bearing in mind that the first requisite in this treatment is a sufficiency of nitrogenous foods. There is but one remedy which apparently exercises any influence on the disease, arsenic. The general symptoms are lessened, the number of leucocytes decrease and also the size of the spleen. You must, however, be careful with arsenic, as it may produce severe gastro-intestinal symptoms, and wherever they exist to a marked degree, the prognosis is more unfavorable. You may, therefore, harm your patient by the irrational administration of arsenic. It may be given by mouth or rectum or by the injection into the skin or glands of well-diluted Fowler's solution. Other methods of treatment are not so satisfactory. The administration of extract of spleen or lymph glands may in some cases give a slight improvement, but no cure. Injection of salt solution has

been tried but has not been very satisfactory. Some improvement has followed the administration of iron and arsenic and the inhalation of oxygen. Some cases may temporarily improve, but almost invariably the disease advances uninterruptedly till death intervenes from exhaustion, hemorrhage, gastro-intestinal disorder or intercurrent infections.—*Indian Lancet.*

Treatment of Pulmonary Hemorrhage.

W. J. Robinson (*Merck's Archives*) summarizes the treatment of pulmonary hemorrhage as follows:

1. Relieve the patient's intense anxiety by a few kind and encouraging words; unloosen or remove his clothing, and put him in a semi-recumbent position.

2. Inject a quarter to a third of a grain of morphine combined with 1-120 to 1-60 grain of atropine.

3. You may also give a teaspoonful of common salt, dry on the tongue, or twenty to sixty minims of aromatic sulphuric acid, diluted with a small quantity of water.

4. Order an icebag on the chest.

5. If the above measures fail to check the hemorrhage within a short time—half an hour or so—you must bind the extremities; not too tight, but sufficient to prevent the return of the venous blood.

6. Do not, under any circumstances, give ergot, or alum, gallic and tannic acids, or any other local astringents. The first has no effect as an hemostatic except indirectly in uterine hemorrhage, and by raising the blood pressure in the pulmonary circuit hinders thrombosis. The local astringents put into the stomach can have no effect on the bleeding vessels in the lung, and are injurious by irritating the stomach, causing nausea and vomiting and inducing constipation.

7. Insist upon absolute mental and physical rest, upon a scanty, nutritious and chiefly fluid diet, and relieve constipation either by epsom salts or by enemata.

8. As a prophylactic against further hemorrhages, make the patient consume large amounts of gelatin, prepared in various forms.

9. Mild degrees of collapse are to be left alone; in severe collapse administer camphor (hypodermically) and nitroglycerine; also strychnine (do not give digi-

talis). Besides, several hot-water bottles are to be applied to the lower extremities.

10. It sometimes becomes necessary to resort to enteroclysis of large amounts of saline solution; or the latter may have to be injected subcutaneously or intravenously.—*Med. Standard.*

Dilatation of the Stomach.

J. H. Musser and J. D. Steele (*American Journal Med. Sciences*) conclude as follows:

1. The symptoms upon which most reliance can be placed in determining the presence of gastric motor insufficiency are: (a) The presence of fluid and food in the stomach fasting over night; (b) the ready entrance of fluid through the tube and difficulty in the return flow; (c) the absence of visible gastric peristalsis; (d) evidences of fermentation and intoxication by the products thereof; (e) thirst, and (f) scanty and concentrated urine.

2. In determining the position and size of the stomach, by far the most certain method has been inflation by air through the stomach-tube; auscultatory percussion, Dehio's method, and determining the capacity of the stomach by the amount of water required to produce a sense of fulness, while signs of value may lead to error.

3. It may be inferred from the somewhat small number of cases reported by the authors that the condition is not uncommon in students. An analysis of the etiological factors is as follows: (a) Myasthenia caused by chronic gastritis from abuse of alcohol and tobacco, four cases; (b) myasthenia from deficient innervation, two cases; (c) myasthenia, probably of congenital origin, one case; (d) myasthenia occurring in the course of acute disease, one case.—*Indian Lancet.*

Spirit Bills and Hospital Mortality.

Some years ago Dr. N. S. Davis, of Chicago, suggested that there might be found a close relationship between the mortality and the spirit bills of large hospitals. A committee has been looking up this matter, and, while not ready to make a formal report, have already found some startling facts which indicate that the connection is very close, and no doubt the death-rates rise and fall with the amount of spirits used. In one metropolitan

hospital, where the physicians prescribed spirits freely as tonics and stimulants in all cases, the mortality was from 3 to 5 per cent. greater than in another hospital of like character whose spirit bills were half as much. In one hospital typhoid fever and pneumonia were treated very largely with spirits. The mortality was greater than in private practice, although the conditions for treatment were more favorable. One of the visiting physicians became convinced that the free use of alcohol was a large factor in these fatal cases, and gave up its use. The results were so startling that he has become an anti-alcoholic advocate. Several hospitals which received soldiers after the late war had widely differing statistical results, which in a large degree seemed to be due to the treatment. There is a growing sentiment that the free use of alcohol as a stimulant is a most disastrous remedy, although the hospitals are very slow to adopt this view. We hope to publish some figures which will bring out these facts more clearly in the future.—*Quarterly Journal of Inebriety.*

Croupous Pneumonia.

J. M. Allen (*Journal American Medical Association*) says that the first movement in the right direction toward determining the etiology of croupous pneumonia was made by Dr. F. M. Johnson, of Kansas City, who, in 1875, claimed that pneumonia should be taken from the list of inflammatory diseases and placed in that of essential fevers. With this theory Dr. Allen associated the germ theory of disease and modified his treatment accordingly. After trying various germicides he abandoned them all in favor of sodium salicylate. He treats a case as follows: A calomel and rhubarb purge is given at the beginning, afterward the alimentary canal is to be kept open with castor-oil and turpentine. Three hours after the purgative he begins with sodium salicylate, ten to fifteen grains, given in four drams of Phillips' milk of magnesia. To relieve shock, control pain and produce diaphoresis he gives three doses of five to seven grains of Dover's powder, during the exacerbation of the fever. During the first stage, inhalation of tincture of iodine and menthol are used for their germicidal effect. Digitalis, strophanthus and strychn-

nine are given in the middle of the second stage, in small doses, increasing as the heart may demand. About the fourth to sixth day sodium salicylate is stopped, and tincture iron chloride, potassium iodide, quinine and nitro-glycerine substituted as needed. Oxygen inhalations are used with great benefit.—*Med. Standard.*

Potassium Iodide in Ophthalmic Practice.

A. R. Barker, in the *Journal of the American Medical Association*, discusses the use and abuse of potassium iodide in ophthalmic practice.

He says that iodide of potash should generally be administered in rapidly increasing doses until from 1 to 500 grains are given daily.

The drug should always be given after eating, and well diluted with water.

Frequent hot baths are essential to the best results in the use of the remedy.

Not infrequently large doses will be tolerated when smaller ones cannot be well taken.

The use of the large dose is not limited to syphilitic cases.

Large doses are indicated in: optic neuritis; ocular paralysis; choroiditis; serous iritis and in relapsing iritis; cyclitis and interstitial keratitis.

It is contra-indicated in gray atrophy of optic nerve and in most cases of post-neuritic atrophy.

Albumin in the urine, generally speaking, is a contra-indication for large doses of iodide.

Young children do not take the iodide kindly, and it should be administered cautiously.

The remedy is of doubtful value in early syphilitic iritis.

Large doses are of doubtful utility in the removal of exudates, but should be given further trial.—*Indian Lancet.*

Hydrogen Peroxide for Hirsuties.

Bulkley recommends this application to bleach hairs upon women's faces. It also retards the growth of hair.—*Denver Med. Times.*

In the delirium of typhoid fever, or in acute delirium from whatever cause, dilute hydrobromic acid in full doses is almost a specific.—*Med. Summary.*

Translations.

PARISIAN MEDICAL CHIT-CHAT.

TRANSLATED BY T. C. M.

Woman's League Against Low-Necked Dresses—Medicine on the Stage—The Science of Longevity—Interesting Statistics of Old Age—How Many Peoples Live Over the Century Mark.

Dialogue in the terrestrial Paradise between Adam and Eve, in the costume before the expulsion of Eden garden—

Eve : "Adam, my dear Adam, buy me a dress!"

Adam : "But why? Great Heavens! Why?"

Eve : "So I can go low-necked and short-sleeved!"

Yes, Eve was already a coquette before civilization had made known the horrors of nudity; even in Paradise she was not indifferent to the fashions, for in that place of pure delights she wore the favorite fig leaf presented her by Adam before she raised Cain.

Now this subject of *decolletage* calls out all the attention of the modern hygienist and psychologist.

From a hygienic point of view all physicians willingly affirm that it is unhealthy for a woman to uncover her throat and chest, to expose her entire thoracic cavity to the changes of temperature, especially during the winter season, when social functions, public charity balls and opera box parties are the rage. No matter what the opinion of microbian professors may be, the wise doctor never denies, *ex cathedra*, the *a frigore* origin of anginas and pneumonias. But there is a psychological question in this connection that is much more interesting.

Who can explain why women blush before physicians when obliged to show, for professional reasons, a bare throat or chest, and yet willingly make a holy exhibition of alleged charms in public gatherings? Why do women, even among the most chaste, show themselves, without apparent shame, to the eyes of a wicked masculine world.

The immodest society woman in all the world is the English woman. Go into any London hotel between six and seven

o'clock in the evening, and in the hall you will find crowds of half-nude women, whose corsage, thin or opulent, publicly exposes its contents; it is not in the parlor or dining-room that this exhibition occurs, but in the vestibule, at the hotel door, almost in the street. A traveler can only smile at all these treasures of English prudes placed gratuitously under wondering Continental eyes for a very close inspection. Such spectacles are daily enjoyed by British lackeys, and the cockney "Arries," who pass by in an admiring and approving manner. Carlton Hotel, London, like the Waldorf Astoria, New York, about seven o'clock P.M., resembles a *demi monde* rehearsal in Paris about the opening time for midnight revels.

It is this abuse of *decolletage* that has caused the decent class of British matrons to revolt and form against low-necked dresses.

A Miss Phelps is at the head of this league to reform fashionable women, and here is an extract from one of the philippics she addressed to her society: "*Decolletage* is the shame of virtuous women; the low-necked dress and the exposure of a nude body without shame is a disgrace to modern civilization. Your princesses and grand dames are the ones who set this immoral and immodest fashion. Any cook in England is vastly superior to a princess; when a servant girl goes to a Saint Patrick ball she is dressed in the manner of an honest woman. With a full instinct and often a fuller knowledge of the cause, no woman is ignorant of the fact that the sight of feminine nudity excites sexual desire in man; she knows that it is flesh calling to flesh."

The language of Miss Phelps is quite just. The comparison she establishes between a cook and a princess is a striking piece of verity. No woman from among the honest working class of people, or even from the really best middle class, would go to a ball *decollete*. Such a woman would be viewed badly; she would find neither a dancing partner nor a man who would marry her. The honest mass of every civilized peoples despise immodesty in a woman; they admire woman's greatest jewel, *i.e.*, modesty.

Yet, my dear Miss Phelps, your voice will not reach those for whom it is intended. Fashionable women will ever use every means to attract men, regardless

of what the pious world thinks. The low corsage was one of the devil's inventions, and it is wonderful to see how many men and women go to the devil. If their lives are merry and short, they are like the butterflies. Youth in low corsage is—alas! too often—very attractive and charming, but the most ridiculous sight in all the world is a large gross woman of over thirty years attired in *decollete* costume.

But we cannot enter the league formed by Miss Phelps; she will not change the existent order of feminine fashions; she will recruit adherents only among the flat-chested, spinster class, whose *decollete* days are over, as well as their charm for the eternal masculine beast.

* * *

Doctor, if the new play of "The Substitutes" is ever given an American performance go and see this theatre piece by Brieux. It is said to be very interesting. It deals with wet nurses, those poor creatures employed by persons of wealth to defraud little babes of a maternal lacteal supply. Wet nurses have their conveniences and their inconveniences, but their real utility is an illusion hugged by a heartless aristocracy. There are thousands of women in France who buy maternal "substitutes," finding women unfortunate enough to have to sell their milk, to the detriment of the lives of children of poverty. This is the same class that exists among men—hogs that buy the flesh of prostitution, also from unfortunate womankind. Yet in this commercial age both are a lucrative business, and there is the inexorable law of supply and demand.

Yet the "Bureau of Wet Nurses" is scarcely met with outside of France, although the business is gradually growing in Germany, England and America.

The author of "The Substitutes" wished his piece to have a proper construction, so he addressed a letter to the Prefect of Police, in which attention was drawn to Article 8 of the Roussell law that forbids all women from hiring as wet nurses if the last child is not at least seven months old, or if it is not nursed by another healthy woman. Now this law is not enforced. The odious traffic in wet nurses in France will soon be stopped. The children of the rich must not be permitted to rob the infants of the poor at the very breasts of their mother. The Roussel law, about to

be strictly enforced, says: "No woman shall go out as a wet nurse except after nursing her own infant for seven months."

It is high time that American legislatures should pass such an enactment before the wet-nursing evil spreads further in that land of liberty. It is high time that fashionable matrons in New York should cease robbing Swedish-American babies of that natural milk supply.

* * *

Did you ever read Jean Finot on "Longevity," gentle reader? ("La Philosophie de la Longevite"). Well, a few notes from this work may not prove uninteresting, for the vast majority of men are not indifferent as to how to live to a ripe old age. It was Goethe who said, some place: "That which man should do the best is to last." The Olympian Goethe knew how to put his principles in action as regarded himself, but he did not leave us the secret of his method. Has Finot filled in the void? Not precisely, although his conclusions are very optimistic. First of all, he fails in authority, for a professor of longevity should last for at least one hundred years. It would be a bad thing for such a one to die young, in repeating this famous axiom of moralists—"Do as I say, not as I do."

Yet we once knew a man who might have had such an authority. This was the celebrated Chevreul, the learned centenary that all Paris feted one fine Summer's day, to the end of proving that if, according to the saying of Menander, "those who die young are loved by the gods," in revenge those who die centenarians are envied by all men. They dared not ask Chevreul to quit his chair of chemistry for the chair of longevity, where he certainly would not have failed to have interested auditors, but all the world would take the grand old man aside in order to ask his advice on long life. They found this centenarian had a contempt for all luxuries, or even what are usually termed personal comforts. They wearied the old gentleman sometimes, hunting him up in the old cold quarters he occupied in the museum. He lived in a tile-paved room containing some very ancient furniture, a very vulgar chimney place, a work table before which was an old lounge of the Empire style, and all about vials and retorts. They demanded in what way he had used his life

and kept it so long amidst surroundings, and, as the old man was sly in his humor, he advised them as to his mode of living: "Drink only water," said he, "and nourish yourself almost exclusively on cheese."

Another centenarian had a joking reply, that merits to be accepted as one of the real secrets of longevity, for on being asked if he never had feared death, he responded: "At one hundred years as much as at sixty, and at sixty as much as at twenty—that is to say, never. I have always believed in living well, persuaded that that would bring me death at its proper time and under the most enchanting form."

To live a century is nothing according to Jean Finot. A simple centenarian might willingly say, like Job to his son, "Young man!" It is only when a man reaches his one hundred and fiftieth year that he seems to be worthy of much consideration.

Let us follow our author when he interrogates the rare physiologists who are occupied with the question of the limits of human existence.

According to Haller, man is classed among the long-lived animals. The limit of his sojourn on earth should not be 90 to 95 years, but at least 200 years. He cites to the support of his thesis two remarkable men, one, Thomas Parr, who ceased living at 152 years, and the other, the fisherman, Henry Jenkins, both of whom died from accidental causes. This Thomas Parr was tried at the age of 103 years for bastardy, and was dissected by the celebrated Harvey. The discoverer of the sanguinary circulation found that Parr's body was in an admirable state of preservation, and that he might have lived much longer but for the fatal accident.

Professor Weissmann, whose work on the amibes quite upset biologists as to the phenomenon of death, emits conclusions that flatter our love for life.

On every hand instances of longevity are cited, some of them most remarkable. Dr. Evans gives the well-authenticated case of Thomas Carn, who was aged 202 years the day of death. A London journal not long since published an interview with a man in Bogota aged 180 years. The same journal gives the details of an operation by Dr. Morris for strangulated hernia on a woman aged 109 years. You

say these are exceptions? Jean Finot enumerates many cases without even mentioning those narrated by Dr. Foissac, who named many men who lived more than 150 years.

The New York *Herald* often gives well-authenticated instances of longevity, as, for instance, the following clipping of April 2, 1901, with a portrait of the centenarian:

"For more than half a century Noah Raby, born a subject of King George III in the latter's colony of North Carolina, has been an inmate of the poor farm in Piscataway Township, near New Brunswick, N. J., and to-day he will celebrate the 129th anniversary of his birth.

"Raby has smoked a pipe since he was five years of age and is a great lover of tobacco in any form. He has not drunk any ardent spirits in a long time, principally because he could not get them, but for the most part of his life indulged in liquor, malt and spirituous, in moderation.

"The old man has grown very weak during the last year, and this birthday will be the quietest he has known in many years. The occasion is usually a gala day at the poor farm, the farmers from miles around having been in the habit of bringing their wives and daughters to do honor to the man who was alive when the Declaration of Independence was signed. Last year the reception was so fatiguing that it was feared the old man would die from the effects of the kindnesses showered upon him by the visitors."

American newspapers give numerous cases of very aged persons. The authenticity of a majority of these instances cannot be doubted. As for statistics, well, we know statistics are as complaisant as elastic. You can prove anything, *pro* or *contra*, by the same statistics, but their study is not uninteresting, as they contain a certain element of truth. According to Solarille, there were in Europe, in 1870, 62,503 individuals who were over 100 years old. Dr. Emerson claimed that among the colored population of the United States 2,000 out of every 100,000 were more than centenarians. This assertion is confirmed indirectly by Prichard, who mentions many surprising facts as to the longevity of negroes in the United States, where, in 1890, there were 1,981 persons, well-authenticated cases, who

were more than 100 years. In the city of London, England, in the same year there were twenty-one authenticated instances.

An English statistician had the patience to go over the back mortuary notices in the *Morning Post* between 1887 and 1896. There were 76,892 death notices; 10,806 of the dead enumerated had passed their eightieth year, 1,198 deaths were between 90 and 95, 262 from 95 to 100, 30 between 100 and 105.

Women seem better than men in attaining an old age. Shall we cite figures drawn from still more laborious statistics? The eloquence of figures is as fallacious as the eloquence of the average lawyer, and statistics can be used to prove any proposition. In the mechanism of modern society, however, the State as a personality does not love the very aged. How carefully the heir-expectant awaits the death of his noble sire or his ancient mother-in-law! Then there are your old pensioners who never care to die, but hang on as long as the Government supports them in charity. On the other hand, life insurance companies have an interest in seeing all their policy-holders last as long as possible. If a man has never been lucky and holds a level premium policy, he is apt to live to be a centenarian, just to pay in money to grasping corporations, that gamble his money in Trust funds. After the tables arranged by the Minister of Finances in France for the civil pensioners of the State, between 1871 and 1877, the following table will give a comparative idea of the proportion of men and women who draw an income from the public treasury at the expense of tax-payers.

Age.	Civil Pensioners.	Wives of Civil Pensioners.
40	1,000	1,000
50	659	875
60	483	738
70	310	536
80	120	249
90	15	42
100	1	3

All figures give what is called the gentler and feebler sex an uncontested superiority in the course of longevity. Women beat the record, to use a phrase in modern jargon. This has been determined in countries, too, where the number of women is inferior to men in mortality. Thus in Hindostan, after the last census,

cited by Dr. Haegler, out of 380 centenarians, 247 were women.

It is during periods of decadence that men cling to the hope of long life. Vigorous races, bubbling over with vitality, have no passionate love for life. This is characteristic of those peoples called savages—that is to say, those in full activity, with the power of expansion and a disregard for death. The Huns of Attala would stake their lives for the toss of a coin; when they lost they killed themselves.

Our epoch professes an extraordinary taste for longevity. It desperately loves that life that uses a man as a cat uses a mouse. Man loves life like he adores the coquettish women who cajole him only to torture him. You will find this instinct for life even among the darkest pessimists, among those who have received more bites than kisses on this blessed earth. And as in our extravagant modern epoch all is incoherence and contradiction, society, that impitiable entity like an antique Moloch, considers the centenarian with the same sentiment as savage tribes that kill off their aged as soon as they become dependent or a charge on the community's hands. Most society women have the same love for aged parents that inspired the hearts of King Lear's daughters. Social economists have invented this expression, "Human capital," regarding old persons as a dead weight interfering with the movements of the social machinery. The rude but magnificent Carlyle exclaimed: "In place of considering life an august temple, you only see in it a machine for profit!" Is there not, at the present day, an antagonism between the appetite for longevity in the individual and the sordid tendency of the social machine to suppress all aged individuals? There is a struggle between young and old and victories and defeats on both sides.

Already the alchemists search for the elixir of life again, and the desire for longevity becomes more keen than ever. Today the world dreams of scientific discoveries. American *savants*(?) inject table salt solutions to prolong life. A new sect is developed that eats huge quantities of salt with all foods. There is universal rejoicing when some humbug disciple of Pasteur discovers a new elixir serum of youth. Newspapers abound in "ads" of patent medicines, loaded down

with cocaine and morphine, that bring blissful rest to tired pastors who abhor the liquor traffic but take their dope stimulant with regularity, giving the proprietary medicine man a gratuitous endorsement with a photograph of "before and after taking."

Let us narrate, while in this domain of patent medicine chimeras, an anecdote. The hero in his early days was a doctor well known, brother to a celebrated sculptor and a poet of much talent, who discovered the phonograph really long before Edison. In the intoxication of glancing at the first gleams of light on the horizon of science, this young physician solemnly gathered together his entire family and told them he had found a means of preventing death. Some of the family doubted the reality of the discovery, but the father viewed the matter in another way; seeing the consequences of such a discovery on humanity, remarked: "My son, keep your discovery secret, or there will never be any more heirs in this world."

It seems that the average duration of life augments, and that special cases of longevity are becoming more common. The cash receipts of retreats for old persons need a constantly increasing fund, almost all now having a yearly deficit from defective endowment, for the French Government uses the calculating tables of Deparcieux, made for the sixteenth century. These calculations will not fit the twentieth century, and the State has been called on (1884) to make an increased allowance, a sum of 11,000,000 francs, for the deficit occasioned by the increased and unforeseen longevity of aged retreat inmates.

Meantime, the majority of the French peoples do not account it a privilege to be endowed with a prolonged vitality. In country districts, where the life is more evenly balanced, where the destructive forces are less manifest, mortality is still less—a regular life and little alcohol, for where alcohol is least used there the mortality is the slightest. Alcohol is the fatal companion of misery, and also of riches; alcohol is the great slayer of men, yet, following Rabelais, "There are more old drunkards than old doctors," and many centenarians are alcoholized and tobacco-nized from their youth up.

New York, it is said, has a century club.

Its twelve members meet at Ozone Park, in Brooklyn Borough, and the club represents 1,100 years of human life. These are practitioners of the science of longevity. The members of this club have a horror of tobacco and whisky. In some New York alms-houses they have similar aged men, who, while not joined in clubs, are ever ready for a quid, a smoke or a toddy. So we see what is meat for one is a poison for another centenarian.

The tables of French vitality, arranged by Duvil'ard, Demonferraud, Bertillon, and even the general Government statistics, seem complete. At the commencement of the nineteenth century the mean duration of life was thirty-five years; in 1881 it had reached forty years for men and forty-two years for women.

When we compare these with the statistics given by Dupre de Saint Maux for deaths anterior to 1750 the results please the most optimistic. Of every 1,000 persons coming into the world in 1700 only 246 remained in 1750, while of 1,000 persons born in 1850, 490 still lived in 1890.

Has not the medical profession helped to prolong the duration of life? Yes, to a certain extent, but not as much as supposed and loudly claimed. Public charities, asylums for the lame, blind, insane, idiotic, infants and aged, have accomplished vastly more than medicine. The life of statesmen, financiers and literateurs, have been drawn out in the nineteenth century. Look at those heroic figures, Gladstone and Bismarck.

The German *savant*, Coster, has arranged the statistics of professional longevity. According to Coster, clergymen are the longest-lived; their mean average age is sixty-five and one month. Merchants follow with an average of sixty-two years and four months. Public functionaries and civil-service employés come next, with sixty-one years and seven months. Farmers follow with sixty-one years and six months, and valiant soldiers on pensions, too, have a mean longevity of fifty-nine years and six months. Physicians have the least chance of attaining an extreme old age. Their average mean is nine years less than that of the theologian. Yet this does not prevent many doctors from becoming centenarians, for there are many beautiful cases of longevity among physicians.

That exquisite and charming old gentle-

man, Arsene Houssaye, when eighty years of age, had the youngest possible spirit in an old body; he was a delight, although his eyesight even was feeble. Dressed like a Venetian Doge in a red gown, he listened to the reading of the proofs of the last volume of his famous "Confessions." Arrived at the end, he was asked to add a last word: "Write it; it is *misere*," he said; "I could re-commence my life over with the greatest pleasure."

Sunbaths in the Treatment of Tuberculous Joints.

Millioz (*Thèse de Lyon*, 1899), unlike Finsen, of Copenhagen, who used the ultra-violet rays of the spectrum in the treatment of lupus, has employed all the rays of sunlight to act on tuberculous joints. He disapproves of the systematic fixation of the limb in which the tuberculous lesion is situated. The patient is placed on a suitable couch in the sunniest part of the garden or other open place, with the affected joint fully exposed to the rays of sunshine. To protect the head of the patient, some sort of sunshade may be improvised. If the upper limb is the seat of the disease, the patient may preferably be allowed to walk about in the garden. The duration of the sun bath should be several hours a day. During the intervals the joint is covered with wool, and rather firmly bandaged. Sometimes after the first or second bath the joint becomes more painful, but this soon passes away in most cases. If it should continue, it may be necessary to intermit the treatment for several days. Rapid pigmentation of the skin by the sun's rays has been noticed to coincide with comparatively quick recovery. The joints are said to become smaller, the skin healthier looking, the discharges, if such be present, less purulent, and the fistulæ close. Such results, however, may require months of treatment.—*British Med. Journal*.

GELSEMIUM is useful for incessant, convulsive, reflex, or nervous cough, for that of fever or for acute laryngitis with burning.—*Med. Summary*.

SYRUP of hydriodic acid has been used with the best of results in chronic rheumatism.—*Med. Summary*.

Book Reviews.

In Memoriam of Dr. James Thomas Whittaker. By JAMES C. DRURY, M.D.

This little work, a labor of love, has been issued by a most talented hand at biographical writing. It contains all the eulogies pronounced on the late Professor Whittaker, with a most interesting sketch of his life as a fitting prelude. These in memoriam notices of distinguished members of the medical profession are praiseworthy, inasmuch as they became part of the local history of the more notable men in our art, perpetuating the name and fame of those who have toiled and passed on to a higher reward. The copy of this booklet is neatly bound, the typographical work artistic, and the extremely low price (fifty cents) places it within the reach of all the students who loved and admired the erudite and talented man, who so lately delighted his hearers at the Ohio Medical College. The few remaining numbers of this biographical sketch should be promptly taken up by Dr. Whittaker's friends.

T. C. M.

Drunkenness a Disease.

The New York State prison commission, in its last report, declares very emphatically that habitual drunkenness is a disease as much as crime, and the State must provide curative measures rather than penal. For fifty years this idea has been presented, until now it seems to have taken permanent hold in the minds of public officials. Not long ago the State charity commissioners of the same State asserted that inebriety was a moral disease which should be treated by the church and not by the State. The same board of commissioners declared that the first inebriate asylum in the world at Binghamton was a foolish expenditure of money in the attempt to cure that which did not exist. Verily, the world moves.—*Quarterly Journal of Inebriety*.

It is stated that in eczema of the scalp in young children, berberis aquifolium acts nearly as a specific. The application of bismuth and lanolin externally will assist materially.—*Med. Summary*.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

JUNE 1, 1901.

WHOLE VOLUME LXXXV.

VALEDICTORY ADDRESS.*

BY E. W. MITCHELL, M.D.,

CINCINNATI,

PROFESSOR DISEASES OF CHILDREN, MIAMI MEDICAL COLLEGE.

Gentlemen of the Graduating Class:

It has been made my duty to speak to you, on behalf of your teachers, the farewell word; to extend to you, as it were, the final hand-shake and to bid you God-speed in the pursuit of your chosen calling.

As a theme for these parting words I have chosen some considerations of that special period of life to which it has been my pleasure to direct your attention during the past year, viz., the period of childhood.

This is a subject which must be of very great importance to you. You have all been children, you all hope to have children of your own, and you all hope to have many children for patients. There are few departments of practice which do not bring considerable numbers of children under treatment. If you become general practitioners, as most of you will, a very large proportion of your patients will be children—a much larger proportion, probably, than you have ever stopped to consider. One-third of the entire population is said to be under fifteen years of age, and one-fourth of it under ten years. There are several reasons why the children will form a proportion in your practice greater than their ratio to the population. Their delicacy renders them more liable to accidents and to accidental diseases; they are much more liable to diseases of the digestive system than are adults; and a very large number of acute infectious diseases, such as diphtheria, scarlet fever, measles, mumps, whooping-cough, etc., have for victims, almost altogether, children. Therefore, you are likely to have in family practice more than one-third of your patients under fifteen years of age. Surely so

large a contingent of your "clientèle" deserves particular study.

From another point of view does this class of your patients appeal to your interest. It is the formative period of life. Mute, helpless and plastic, the child lies in your hands. The weal or woe of a life-time may be involved—his future happiness, his usefulness to society. To no other portion of the community is the physician's responsibility greater than to its little ones. I would have you take very wide views of this responsibility. As educated men, and particularly as men who have been educated in hygienic, sanitary and sociologic matters, you will be called upon to serve on boards of education, boards of health, and in other public bodies where you will have opportunities of usefulness. But you will all have one field greater than any of these—the great field of private practice, the home.

In these new months of the new century our current literature has been overflowing with reviews of what medical science has accomplished for the betterment of mankind. What agency has brought directly into the home the benefit of the scientific discoveries and improvements of the past? Above all others it has been the plodding family doctor in the daily routine of his work. The doctor is, per force, an educator. It is a part of his daily duty to teach people how to live. All honor to the men who have made the discoveries, and to those who have written the books, but let us not forget those who, in country, hamlet and town, laboring by day and by night, have brought into the lives of the people the results of increased knowledge, teaching in the most effective

* Delivered to the Class of 1901 of the Miami Medical College.

of all ways, by the immediate application of the thing taught. Probably but few of you have the genius for original investigation, but all of you may have a part in this great educational work of the profession, which is no less useful and honorable than the purely scientific. Very much of this work will be particularly applicable to the children.

A favorite saying of the late Professor Murphy to his classes was : "Your business is not to fight disease, but to take care of the patient." You are to see, in the child, not simply a case of measles, a case of rickets, or what not; you are to see a human being, with a mental and moral nature as well as a physical; you are to consider him in all his relationships, his heredity, his environment; all are your affairs, because all have to do with what is your first and great concern, his physical well-being. His play, his work, his rest, his education, are all so intimately connected with his health that all must come under your surveillance. It has taken the world a long time to realize that the child is not merely a miniature man, and, in fact, the greater number of his parents, teachers and doctors still so regard him, and consequently make serious mistakes in dealing with him. The differences in his physique and in his psychology are many and vital, and to properly treat him it is necessary that you should have a knowledge of these differences.

The nineteenth century has been well called the era of the world's great moral awakening. One of the most characteristic features of this awakening has been the increasing attention devoted to childhood. The general progress in education and in refinement, the permeation of society with humanitarian views, have all resulted in the mitigation of the stern child discipline of a century ago. In home and in school, tender sympathy and loving solicitude have largely supplanted the cold command and the cruel rod. It may well be questioned whether the pendulum has not swung too far, whether over-indulgence and laxity of discipline do not too often result in feebleness of body and weakness of character. A century ago the majority of the children grew up in the pure air of the country, with its quiet, its intimate association with nature, its simple food, its hardy labor, its necessities which stimulated invention. In such

surroundings the American developed vigor of body, nobility and independence of character, and fertility of resources. To-day the majority are reared in the over-heated houses of the city, with its bad air, its noises, its excitements. The child of wealth is pampered and humored, his wants met as soon as expressed. The stimulus to exertion for body and mind is wanting; the strength of character which comes from self-denial has no chance to develop. When he goes to school where, formerly, his mental powers were concentrated upon "the three R's," they are now dispersed over all the sciences and arts, with the danger that for a superficial knowledge of many things he sacrifices the mental power which comes from the thorough mastery of a few. On the other hand, the children of the poor are crowded into tenements with bad air, insufficient and unwholesome food, and a foul moral atmosphere. The picture has, however, its bright side, the best of which is that the thinking part of the world is now awake to the conditions to be met, and its best brains are busy with the solution of these problems of modern life. Indeed, the past century has seen much substantial progress. All the great humanitarian movements of the age have tended, directly or indirectly, to the benefit of the child. Homes, hospitals, and asylums innumerable for the neglected, the afflicted and the defective, have multiplied all over the world. Humane societies, fresh-air societies, kindergarten societies—all these organizations attest the deep interest that is taken in the child by the community. The establishment of public free schools, the general adoption, by most civilized countries, of compulsory education, the enactment of laws relating to the employment of child labor, are measures which have had their growth in the past century, and chiefly in the last half of it.

In all this benevolent work, from the beginning until now, members of our own profession have been among the most energetic and efficient workers. But the glory of our profession is in its own great work in public and personal hygiene and sanitation. At the very close of the eighteenth century the immortal Jenner gave us the means of release from one of humanity's greatest scourges—smallpox. At the close of the nineteenth century

medical science has given us the means of successfully combating another of childhood's most deadly diseases—diphtheria. The former was the result of clinical observation by a country doctor, who thought, reasoned and investigated. The latter has been the result of pure scientific investigation and experiment in the laboratory, by many men, working over a long series of years.

Two hundred years ago fifty out of every hundred children born into the world died before the completion of their fifth year. As a result of the improvement in sanitation, hygiene and medical science, at the close of the nineteenth century seventy-five out of one hundred born complete the fifth birthday. "In former times four-fifths of all deaths and a corresponding number of diseases were due to preventable causes; but now, owing to the general adoption of improved methods of hygiene, both public and personal, the death-rate and at the same time the frequency of sickness have been reduced to one-quarter of what they once were, and although much remains to be done in this direction, there is little doubt but that in the present generation we shall see a still further reduction, of distinctly preventable diseases, of at least one-third more." Let not our pride in the achievements of the past blind us to the work of the present and the victories to be won in the future. It is for us to do our part as faithfully as our predecessors have done theirs.

Many problems relative to child-life will meet you upon the threshold of your career. In the first place, the infant mortality remains shamefully high. In England, and probably the statistics are not better elsewhere, more than 17 per cent. of all children born die within their first year, and 25 per cent. by the end of their fifth year. Probably 10 per cent. is due to unavoidable causes. The preventable part of it is chiefly due to improper care and feeding in the first two years of life, and to infectious diseases in the years from two to five. The greatest of all causes of death, in the early months of life, is the lack of maternal nursing. No food has ever been found which is a perfect substitute for the mother's milk. The chemist can produce, in his laboratory, a fluid with precisely the same chemical formula, but yet the baby refuses to be

equally well nourished upon it. Evidently the mother's milk has certain vital characteristics which chemistry, so far, is unable to discover or to imitate. It is altogether probable that no perfect substitute ever will be discovered. For want of the mother's supply, thousands of children, born healthy, are yearly sacrificed. Such a state of affairs should set us to searching the cause and seeking the remedy. The fact that the failure of the maternal font occurs chiefly among city women, and these, to the greatest extent, among the wealthiest classes, would indicate the fault to lie in modern city life: (1) In the lack of general physical development; (2) in faulty dress; (3) in the late hours and excitement which exhaust and disturb the nervous system; (4) from want of sufficient exercise in the open air and sunshine. Among the poor, overwork, bad air, deficient food and alcoholism are causes. For improvement among the latter we must look to amelioration in the conditions of the working classes—better homes, better food, and education. Among the well-to-do we must work for simpler habits of life, for physical development of the growing girls, for rational and healthful education rather than the namby-pamby education that turns the girl out emotional and hysterical, instead of robust and sensible.

It would be difficult to decide whether the want of mother's milk or the surplus of infant foods intended to take the place of that milk have killed the more babies. Be that as it may, if you can get the public to understand that the baby foods in the market should never be given to the babies, you will save many lives. Fortunately, science has accomplished much in supplying the deficiency, though it can supply nothing so good as the original article. The advances in artificial infant feeding, during recent years, have been very great. This advance we owe to numerous patient workers in laboratory and clinic, such men as Meigs, Jacobi and Rotch. We may consider it now as settled, (1) that the best substitute for mother's milk is cow's milk; (2) that this must be good cow's milk to start with; (3) that it must be kept good from the cow to the baby; (4) that it must be so modified as to approach as nearly as possible the proportions of the human milk in its several ingredients, fat, sugar and

proteid; (5) that it should not be sterilized for regular feeding. Many minor matters are still *sub judice*.

In following the rules which have been so carefully worked out, the results, although far from ideal, are much better than heretofore, and have resulted in a great saving of infantile life. All the large cities now have special dairies, which are carefully supervised, and milk laboratories for the care and preparation of the milk. The purity of the milk supply of our cities is a matter of the utmost importance to the health and lives of the children. It should be under the most rigid municipal control.

The infectious diseases are preventable by efficient quarantine. The recognition of tuberculosis, as belonging to that class, has already resulted in a perceptible decline in mortality from that cause. From the use of antitoxin for the preventative and curative treatment of diphtheria, in addition to efficient quarantine of the affected, we may expect that disease, within a few years, to become as rare as smallpox. The recurrence, here and there, of the latter disease, in recent years, has been due to the neglect of vaccination. It should so impress upon us the importance of vaccination and re-vaccination that the lesson shall not be forgotten for generations to come. We have every reason to expect that, within a few years, we shall have curative serums for several other diseases.

The most important step which has been taken, in recent times, toward the control of infectious diseases is the systematic medical inspection of schools. That a great city, which boasts of its wealth, its culture, its art schools and music schools, should, year after year, send its children for the education of their minds into buildings whose sanitary conditions are such as to insure detriment to their physical condition and to expose them constantly to the infection of numerous diseases, is a travesty upon our vaunted civilization. An efficient medical supervision would, first, look after the proper lighting, heating, ventilating and cleaning of the buildings; secondly, it would make daily examinations of the children and exclude those who have contagious maladies. This is the step which has been taken by numerous cities, and with most beneficial results. It is our experience,

again and again, in being called to a case of contagious disease, to find that the child has been in school freely mingling with his companions from half a day to a whole day, after he is capable of conveying the disease. The daily inspection detects and excludes these cases and limits the spread of the disease.

I hope the time is not far distant (come finally it must) when the medical inspection will go farther, and include the examination of the eyes, ears and brains of the school children. Where such examinations have been made many of the pupils have been found to be suffering from defective eyesight and defective hearing. Not a few of the "wayward" and of the "stupid" children are such because of these disabilities, and are to be converted, not by punishment, but by relieving the infirmity. By examining the brain I do not mean that it shall be placed under the X-rays, but that the child shall be examined as to his mental capacity. There are all shades of mental deficiency. Many children go dragging along, away behind their classes, getting little good out of their school work, who might be developed into intelligent men and women were their education adapted to their capacity. Some of these need to be removed to special institutions for defective children, others need only modification in the kind of study and methods of instruction. Such inspection is perfectly feasible, and its cost very little in proportion to the benefit secured. While such oversight is most needed in city schools, I see no reason why, with certain modifications, it should not be practicable, and of great benefit, in the smaller towns and country schools.

In your private practice you may do much good by studying the children in relation to their school work, and advising its modifications. Most of our children have too many subjects of study and too many hours of work, with too little time devoted to physical development and to sleep. The growing child should have many hours of sleep; he should have much free, romping play, in the open air and sunshine. Such play is more valuable for physical development than set work in calisthenics and gymnastics (although the latter has its place), and, let me insist, is as valuable for the girl as for the boy. She should run and play as freely until

she is fourteen years of age, after which time her sports should be more moderate, but her exercise in the open air abundant. The growing child should have little excitement. He should, therefore, see little of theatres, operas and parties.

The past century has seen vast strides in educational methods. At its opening, Pestalezzi was in the midst of his modest but epoch-making work. Froebel carried on this work, to the middle of the century, expanding it, laying broad foundations for the study of child nature, and, perhaps most important of all, leading an ever-increasing number of able minds to devote their energies to placing the education of the child upon a rational and philosophical basis. I recommend to you to read some of the leading educational works, and also some of the recent works on child psychology, during the coming months of leisure while you are waiting for patients.

I have already alluded to the slightly defective children. The general public has but little accurate knowledge of the great work which has been done, during the past century, for the defective children. In this work our own profession has gone hand in hand with the philanthropists and educators. The blind and the deaf are now so educated as to be useful members of society. The blind learn to read with their hands; the deaf are taught to hear with their eyes and to speak with their lips. In the study of the mentally defective it has been found that very few are not capable of some improvement. Under skilled direction they can be taught to care for themselves and to do some form of useful work. There are many reasons, chiefly economic, why these defectives are best cared for in institutions. There is need for much further study of these classes and room for much improvement in the care of them.

Society, for years past, has been inquiring how it shall rid itself of the criminal class. The problems relative to this class become more and more complex with the increase of population and its congestion in large cities. The criminal has been hung, imprisoned, fined, preached to and prayed over, but still becomes worse and multiplies. Society has finally come to the conclusion that the adult criminal is hopeless of reform, and that his ultimate extinction must be accomplished by stop-

ping the growth of new ones. Something may, after a time, be accomplished by the limitation of marriage among the criminal classes, but reliance must be placed mainly upon the removal of the child, at a *very early age*, from his evil surroundings. The law already recognizes the right of society for such self-protection, in giving courts the power to remove children from improper homes and from criminal parents. The teaching that his heredity will still make him a criminal, whatever his new environment, is not true. Environment will not materially modify the physical characteristics of the individual, but it may determine his moral development. Does any doubt that if Oliver Twist had been placed among Fagin's band before he could walk and talk that Fagin would have had no difficulty in making an expert thief of him? If the child of the thief be early placed among those who show him nothing but honesty by precept and example will he not grow up an honest man? A matter of the most urgent importance is that the young should be separated from the old and hardened criminals in police courts, jails, infirmaries and reformatories.

It has been most conclusively proven that the most essential means for the reclamation of the young criminal is physical development. It does not take the place of moral measures, but it must be the foundation from which the moral must work.

These, gentlemen, are but a few of the subjects which should engage your attention and your active support. If these brief considerations shall give you an idea of the wide sphere open to the doctor who chooses medicine, not as a trade but as a profession; if they shall lead you to study the problems of the child life from a broad basis; if they shall convince you that although this day may be the commencement of your professional career, it is by no means the quitting of your studies, my purpose has been accomplished.

It has ever been the aim of this institution to send out its graduates thoroughly grounded in the art and science of medicine, and also imbued with high ideals. To-day you enter the ranks of her alumni, who, now scattered in every State of the Union, are doing good to their fellow-men, achieving honor for themselves and reflecting credit upon their *alma mater*.

Miami expects every man to do his duty.

HOUSE-TO-HOUSE OPERATING.

BY EDMUND C. BRUSH, A.M., M.D.,
ZANESVILLE, O.,
PRESIDENT-ELECT OHIO STATE MEDICAL SOCIETY.

This paper is not written as an argument for or against home operating, but simply as a presentation of the subject. Many physicians do not have hospital affiliations or facilities. Men so situated must either operate in the homes of their patients or send to a hospital, losing both patient and fee. Then, again, men who have hospital facilities sometimes have patients who decline to leave their homes and decide to be operated on there. What is here said does not apply to emergency cases where surgical work is demanded at once and where the patient's environments are for the time being a secondary consideration. Neither do I refer to those cases where any attempt to move them would increase the danger to life. Have there not been cases where moving for the sake of getting a patient to a hospital has contributed to a fatal issue? On the other hand, have not patients made their chances more desperate by declining hospital accommodations? Such cases demand the unbiased judgment of a skilled physician whose decision is not influenced by public or private hospital attachments, but by the welfare of the patient only.

It is not deemed expedient to expatriate on the comforts and facilities of a well-appointed hospital operating-room. Neither do I care to go over the advantages or disadvantages of a private house for operating work. Assuming that surgical work is to be done in a private house, the operator must endeavor to fit up the room set aside for the operation, so that nothing in connection with it can interfere with the recovery of the patient. This involves much care, work and attention to details.

An operation should not be done in a house where there has been recently a contagious disease. After selecting the best room in the house for the purpose needed, always keeping in mind the facilities for lighting, ventilating and controlling the temperature, a competent nurse takes charge of the patient and room two or three days before the operation. The

nurse is to superintend the preparation of the room and of the patient.

The room is to be dismantled, curtains, carpets and furniture removed. The wood work and floor is now ready for the scrubbing-brush and soap. After these have been thoroughly used they should be followed by a solution of corrosive sublimate (1 in 2,000). The walls should be cleaned with bread or a cloth. The furniture needed for an operation is an operating-table, improvised or otherwise, one small and two medium-sized tables, a wash-stand and two or three plain chairs. All of these should be well scrubbed before being taken into the room, and after they are in the room they should be rinsed off with corrosive sublimate solution. The nurse may sterilize the sheets, towels, bandages, dressings, etc., in an oven, but the most convenient thing is a medium-sized Rochester sterilizer, with which everything, including instruments, may be sterilized without trouble. A comfort is spread on the operating-table and over it a blanket with rubber and sheet on top. The covers consist of a sheet and enough blankets, with a medium-sized pillow. Underneath this table is a tub or buckets to receive whatever may be dispensed with.

On one of the tables is a wash-boiler of sterilized water with dipper or cup; the solutions for the hands in large-sized milk-crocks or porcelain-lined cooking utensils. These will number according to the fancy of the surgeon and the character of the operation. A common outlay is one vessel with permanganate of potash solution (two ounces to the quart of water), one with saturated solution of oxalic acid (three ounces to the quart of water), one with corrosive sublimate solution (1 to 2,000), and one of plain sterile water. On the same table with these are a dozen or more sterile towels. Also a large fruit-jar filled with sterile normal salt solution, or, better still, two jars, one hot and one cold. The heat can then be equalized when needed. An apparatus for using the normal salt solution, a pitcher of saturated boracic acid solution and another of corrosive sublimate solution.

On another table are the instruments spread out on sterile towels or in a carbolicized solution (1 in 40), as the operator may prefer. The gauzes, bandages, dressings and sponges suitable for the operation, sutures and other things to be used in con-

* Read before Ohio State Medical Society, May 8, 1901.



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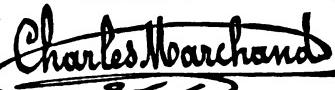
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nection with the operation itself. For general surgery a very good sponge is made by sewing a bunch of absorbent cotton in a piece of gauze. The size and shape can be regulated to suit the fancy of the operator. These, of course, like everything else, have been in the sterilizer. For many purposes I find it convenient to buy the plain gauze. It can be made up into bandages, sponges and dressings by a nurse and then sterilized when needed.

On the wash-stand are basins, green soap, or some other kind, hand-brush, etc., for cleansing the hands. If the room happens to have a stationary wash-stand, so much the better. The small table for the anesthetist is supplied with the anesthetic and suitable inhaler, tongue holder, hypodermic syringe loaded with strychnia, nitrate of amyl pearls, speculum for dilating the sphincter ani and an electric battery.

It is not hard to maintain the temperature of the room at about 80°, but it is not always an easy matter to maintain that temperature and have fresh air also. The old-fashioned fire place is a great ventilator. If the room is heated by a stove it is often a difficult matter to arrange for good ventilation and an even heat. If the out-door temperature is above that desired in the room, the problem presents a different phase. Excluding the heat rays, electric or other fans, sheets rinsed out in ice water and then hung about the room, tubs of ice in the room, etc., may be resorted to.

The character of the operation influences in a general way the preparation of the patient. First of all, there should be a careful examination of the heart, lungs and urine. The bowels should be empty. A physic given four days before the operation, another the day before, and an enema on the morning of the operation, will be effectual. If the patient is debilitated, a course of tonics covering a period of a week or two will be beneficial, provided time is no object. A daily bath with rubbing is a good adjunct to the tonic.

The night before the operation there should be given a general bath and the patient dressed in a sterilized gown. After shaving, if needed, the field of operation should be enveloped in a green-soap poultice, a medicated gauze pad, or whatever the operator prefers. These dressings are

removed under direction of the surgeon, and the field of operation further prepared as he wishes.

The breakfast on the morning of the operation should consist of a little clear soup, a glass of milk or a little clear strong coffee. If the patient is in good physical condition it is often well to allow nothing to be taken into the stomach.

After the operation the patient is to be put into a clean warm bed and surrounded with clean hot water bottles, as many as may be needed. Placing the patient between blankets, instead of between sheets, aids in keeping up bodily warmth and in combating shock. If the room used for the operation is large enough the patient's bed may be made in it, otherwise an adjoining room should be prepared. There is an advantage in keeping the patient in the operating-room, so far as danger from sepsis is concerned.

The gowns for the operator and his assistants are sent to the house and sterilized with the other materials. If the Trendelenburg posture is desired and the table in use not constructed for it, the position may be obtained by slipping a chair, tipped forward on itself, under the patient. A simple and convenient device for obtaining this position can be made by taking two boards, each one inch thick and twelve or fourteen inches wide, one thirty-two inches and the other sixteen inches long. Fasten the boards together end to end with a pair of hinges. Put this board next to the table with the hinge joint under the knee and the long end under the body. By raising the joint under the knees the Trendelenburg position will be obtained. Two side straps of leather or iron, fitting over nails projecting from the edges of the board, will hold it, or a box or stool can be used for the same purpose. Appliances for obtaining this position can be obtained from the instrument-maker also.

As a matter of convenience, I have a portable operating-table, a Rochester sterilizer, an outfit of porcelain bowls and instrument trays. After sending these to the house the nurse's work is greatly simplified.

SIMPLE tapping, under full antisepsis, may be relied upon to relieve any hydrocele, and will cure a small percentage of cases.—*Med. Summary.*

PHLYCTENULAR CONJUNCTIVITIS.*

BY S. C. AYRES, M.D.,
CINCINNATI.

No disease of the eyes incident to childhood comes under the care of the physician more frequently than phlyctenular conjunctivitis. In its milder forms it is very manageable, and passes away without leaving a trace behind. In its more severe type it leaves permanent opacities of the cornea, and even leads to loss of vision. The title of this paper is intended to cover the manifestations of this disease on the conjunctiva as well as the cornea. The epithelium of the cornea is the extension of the conjunctiva over this portion of the external ocular tunic, and is therefore classed with it. So far as damage to the eye is concerned, we might properly exclude all vesicles or efflorescences which occur on the ocular conjunctiva, as they pass off and leave no scar. It is only those which occur on the limbus and cornea which leave opacities or result in ulcers.

Phlyctenulae appear singly or in groups, and one crop is often succeeded by another, much to the annoyance of the patient and doctor. They consist of elevations of the epithelium, under which is a collection of lymphoid cells. The vesicles rupture, their contents escape, and the epithelium is regenerated, so they come and go.

This disease is known as scrofulous, strumous or lymphatic conjunctivitis. It is not characterized by any pathogenic germ, such as we find in catarrhal or purulent inflammations of the conjunctiva, but depends rather upon the malnutrition of the patient and the condition of the lymphatic glands. It occurs frequently among the children of the poor who are badly nourished. It is also seen among children with favorable hygienic surroundings, in whom the lymphatic glands are enlarged and where there is an inherited or acquired dyscrasia.

In many cases I think phlyctenular conjunctivitis is a symptomatic disease; that is, it is an evidence of a disturbance in the stomach or bowels. One frequently finds some disturbance in the alimentary canal. Such patients are often constipated, and yet when you

inquire about the bowels they will tell you that they move every day. This may be true, and yet the bowels not be normal. The stools are often clay-colored, and sometimes thin and watery. Give such a child some calomel and you will bring away scybala from the bowels which were evidently a source of irritation. In fact, I am quite sure that clearing the bowels of irritating masses and putting the patient on a proper regimen will often cure such cases with little or no local treatment. My experience in this respect in the Episcopal Hospital for Children has been very satisfactory. Take a case of that kind, for instance; order, as I generally do, calomel, in one-tenth grain doses until the bowels are moved, give a warm bath once or twice a day, and then with suitable food the child will soon begin to improve.

The local treatment in ordinary cases is simple enough. Cocaine (2 per cent. solution) produces a grateful local anesthesia, and can be instilled several times a day, as its effects are transient. Protargol (1 per cent. solution) has an excellent effect, and can be used three times a day. In many conjunctival diseases its effects are quite equal to those of the nitrate, and it is not painful, and hence is to be preferred. Bichloride of mercury (1 to 5,000) is a valuable remedy, and is justly popular. Iodoform and calomel dusted on the cornea have an almost specific effect in many cases.

But the local treatment is not more important than the general; in fact, in many cases it is secondary. Children with phlyctenular conjunctivitis are often strumous. The lymphatic system is generally in a bad condition. The submaxillary glands are often greatly enlarged, and the tonsils hypertrophied. In addition to this, we find adenoids and nasal complications interfering with respiration and hence with proper aeration of the blood. We see these children with a pale, waxy skin, with sunken eyes, and undeveloped bony and muscular systems. They are often under-fed or badly fed. Their physical condition reflects itself in their expressionless faces. Take these same children and put them in a well-conducted hospital, where they can have proper nourishing food, clean beds, frequent baths, sunshine and a chance to breathe pure fresh air, and see how rapidly they will respond.

The various preparations of iron are of

* Read before the Ohio State Pediatric Society, May 7, 1901.

the first importance in these cases. The time honored syr. ferri. iod. in small doses is among the best. I mention small doses, as in large doses it is often irritating. The syrup of the hypophosphites in various combinations can be adjusted to the various conditions. Now and then the iodide of potassium alone is followed by the happiest effects. Cod-liver oil is a good food and arsenic an excellent tonic.

Warm baths once or twice a day are of the greatest therapeutic value. They should be followed by a gentle massage and a vigorous use of a coarse towel:

Such children should live out of doors as much as possible. The sleeping-rooms should be freely ventilated, so that they will breathe fresh air all night. There is a strong prejudice against this among many of our citizens.

COMPLICATIONS.

Eczema.—Among the annoying complications I will mention eczema of the lids, nose and ears, fissures in the upper lip and at the outer canthi.

The eczema is of the moist variety, and forms on the edges of the lids, extends down over the ala nasi, causing in many cases a swelling of the upper lid. There is also often noticed pustules over the cheek caused by the rubbing of the face by the hands, which are too often dirty. When these scabs of eczema are removed there is free bleeding from the soft swollen skin underneath. This is particularly the case when the eruption extends down the sides of the nose. The same is true of the crusts which form behind the ear. For the treatment of this form of eczema I have found nothing as valuable as a strong solution of silver nitrate. I first remove the scabs with a dressing probe, then after the bleeding has ceased wash the raw surface off with some hydrogen dioxide. It is then dried with cotton or gauze and a solution of silver nitrate (3*i* to 3*i* aq.) is brushed over the surface. If there is oozing from the skin it is mopped off with a gauze sponge and the nitrate applied until the bleeding has ceased. Sometimes I dust a little finely-powdered iodoform on the surface. In the acute stage I am not given to using salves or ointments of any kind. They often appear to be irritating. In the declining stage the ungu. zinc. ox. benz., diluted

one-half with ungu. rosæ, is very beneficial, or the ungu. hydr. ox. flav., 2 per cent.

Fissures at the Outer Commissures.—These are often very persistent, and remain even after the phlyctenulae have disappeared. They are the cause of much photophobia. They are not seen unless the lids are opened forcibly. One sees then a crack or fissure in the skin at the outer angle of the eye, from which will flow a drop or two of blood. The nitrate in this condition does excellent service. The fissure, having been dried, is treated with the solution of nitrate above mentioned until the raw surface turns white. I sometimes push a crystal of copper sulphate down into the fissure, touching it thoroughly, and the results have been very satisfactory. One or two thorough treatments as just mentioned will generally cause the secreting surface to heal up. Fissures in the upper lid are treated in the same manner.

Keratitis Fasciculosa.—The seat of the vesicle at the limbus sometimes becomes vascularized and then the corneal epithelium is undermined by the vessels. It gradually progresses towards the centre of the cornea, and we have a case of keratitis fasciculosa, or band-like keratitis. It runs a long and tedious course, often continuing for months. At times it is better, and then again the photophobia increases. Gradually this vascular band advances, undermining the epithelium as it goes. The ordinary treatment of ointments and powders will do little or no good. The best treatment is to scrape the cornea with a spud, forcibly remove the adventitious vessels down to healthy corneal tissue, then touch the surface with a 1 per cent. solution of silver nitrate and dust it with iodoform. The corneal epithelium will soon regenerate and fill up the groove caused by the scraping. One such treatment followed by the use of 2 per cent. ungu. hydr. ox. flav. with massage, and the case will recover.

Phlyctenular Ulcers.—Phlyctenular ulcers sometimes show a tendency to perforate, but more generally they do not. I have occasionally seen one associated with a high degree of iritis. Such a case was under my care recently. The iris was markedly discolored, the pupil contracted and resistant to the influence of atropine. The little girl was four years of age, and the ordinary solution of atropine (two

grains to 3ss) had no effect on the pupil. In order to get some effect of the mydriatic it was instilled every two hours, and yet the pupil did not dilate. The ulcer was scraped, and later on touched with carbolic acid. Calomel, iodoform and the yellow ointment were all used faithfully at different times. I even contemplated making a paracentesis of the cornea, but there was no hypopyon and but little pain. Finally, after four weeks of treatment, the pupil began slowly to dilate, and in time resumed its normal color, without leaving any posterior synechiae.

ATROPINE.

The routine use of atropine as a collyrium is very general, and I am quite sure it is not always indicated or beneficial. The photophobia arises from the phlycten itself, and in the great majority of cases the iris does not sympathize to any great extent. The dilatation of the pupil only adds to the photophobia and the general discomfort of the patient. In cases where the iris is involved the mydriatic is strongly indicated. This question can be easily settled by the instillation of a solution of atropine. If the pupil dilates *ad maximum*, atropine should not be persisted in. A weak solution of eserine will add much more to the comfort of the patient. It is my custom, however, to use atropine at longer intervals, so that the mydriasis may not be disagreeable to patients, and not to prescribe it for the patient except when the iris sympathizes.

Phlyctenular conjunctivitis does not always appear in the so-called scrofulous or strumous children. One often sees it in those who are well nourished and well developed physically. In them it is generally associated with some disturbance of the stomach and intestinal tract. It occurs in the over-fed as well as the under-fed. One can generally elicit a history of violation of all dietetic laws for children. They are allowed to indulge in too many sweets, too much cheap candy, and, in fact, too much of everything to eat. Put them on the normal diet of a child, forbid the use of sweets and give them warm baths at least once a day, and they will soon show the beneficial results of the treatment. Plenty of sleep is also another important point. I have often found that children will not or do not retire till their parents are ready to do so. This is very injurious to the

child. Long hours of sleep are quite necessary to the growing child, and should be insisted on by the physician.

The screaming, struggling child cannot be treated successfully at home in most cases. The collyria are not properly or successfully instilled, and while the parents or nurses attempt to carry out the treatment they do not succeed. On this account the patient should be treated daily by the physician. It is only in his skilled hands that the case can progress favorably. I have had several cases of such severe photophobia and blephora-spasm that I have given the patient sufficient chloroform to relax the muscles so that I could successfully inspect and treat the eyes. This treatment is to be recommended in certain severe cases where the patient is strong and resists treatment strenuously. The anesthetic aids the physician and shortens the course of treatment.

Phlyctenular conjunctivitis is essentially a children's disease, although it is occasionally seen in adult life. It shows a strong tendency to relapse, and indiscretions in diet or a lowering of the general condition will cause it to return. This is frequently demonstrated in the hospital patients, who leave in good condition but soon return. Watchful care should be taken over these children for months and even years. Treatment calculated to build up the physical condition should be persisted in. Prompt treatment will generally prevent the unfortunate results to the cornea which impair vision and thus disable the child.

THE French governor-director of railroads has written to the different societies opposing the use of alcohol that all the government roads have agreed to the following: First, to discharge all employés who persist in using spirits and wine while on duty; second, all persons who continue to drink shall be dropped from the pension rolls of the company and will not participate in the endowment funds in case of an accident. All restaurants on the roads are forbidden to sell spirits to the workmen.—*Quarterly Journal of Inebriety.*

PULSATILLA is the remedy *par excellence* for headaches at the menstrual epoch.
—*Med. Summary.*

FISTULA AND CONSUMPTION.

BY GEORGE J. MONROE, M.D.,
LOUISVILLE, KY.

Any rectal specialist cannot help but observe the great number of fistula in ano they find in patients with consumption. The two diseases—that is, lung disease and fistula—seem to accompany each other to quite an extent. It is not necessary for a consumptive patient to have fistula, or a fistulous patient to have consumption, yet they often do. Of course, we have many cases of consumption with no fistula, and many cases of ano-rectal fistula and no consumption, the lungs being perfectly sound and healthy. I am not able to say with what frequency they occur together. Making a rough estimate, I should say that at least 15 per cent. of phthisis patients suffer with fistula. I have seen a good many cases of fistula in consumptive patients.

The symptoms of a tubercular fistula differ from those of a common fistula. We will find the patient very much reduced in flesh, a general run-down condition. The skin is yellow and flabby; it almost has a waxy look. The patient, as a rule, has a cough, especially in the morning. If we examine the throat we will find it red and inflamed. The back part of the throat is covered with granulations, or I presume it would be more proper to say tubercles, some of them as large as a split pea, while others are not larger than the head of a pin. And, by the way, if we find these enlargements in the back part of the throat in any case it is almost diagnostic of a commencing tuberculosis.

I find, as a rule, in consumptive cases, the anus surrounded by a large quantity of long, silky hair. When I see a case with this fine soft hair around the anus I suspicion consumption. The anus seems to be depressed and drawn inward. I suppose this appearance results from a lack of adipose tissue or fat. Apparently the fat has been absorbed, and we have very little left but skin and the sphincter muscle.

In tubercular fistulas of the anus the external opening is large and ragged. This we will not find in an ordinary fistula. The skin around the opening is loose, and drops into the fistula. By passing a probe into the fistula we will find the skin loose

sometimes for an inch or more around the opening.

Fistulas in tuberculous cases are not very deep. We will generally find the internal opening within an inch of the anal opening. The internal opening is large and uneven, very much like the external.

The pain accompanying a tuberculous fistula is very little compared with the common form. Patients complain very little of soreness, unless the discharge excoriates the skin near the external opening. It is rather inclined to do this unless kept very clean, or a pad of oakum or absorbent cotton is worn. I like the oakum. There is tar enough on it to adhere well, as well as to slightly stimulate.

I have seen fistulas in consumptive patients so large that I could pass my index finger through from the external to the internal opening. The discharge, as a rule, is profuse, but it is much thinner and watery than we find it in an ordinary fistula. The large ragged-edged opening of a tuberculous fistula is almost of itself sufficient to diagnose the case as being in a consumptive patient.

The question has often been asked, and often will be asked again, shall we make any effort to cure? Shall we operate upon fistulas in consumptive cases? My answer is, yes. By operating we accomplish two things, provided we get healing. We stop pain, suffering and annoyance; secondly, we stop an exhausting drain upon the system, a drain that cannot by any means be serviceable, but is injurious. This question has probably been discussed more than any other subject connected with diseases "and their treatment" of the rectum. Some very able and eminent surgeons believe we should not operate or make any effort to cure fistulas in consumptive cases. Others claim we should. I believe at the present time the balance of proof and opinion rests in favor of operating. Those who are devoting the most attention to the treatment of diseases of the rectum say operate. If a surgeon thinks there is sufficient vitality remaining with a patient to produce healing, then he should operate. Those who oppose operating give as their reasons:

1. That there is very little likelihood that the wound will heal. I think this is a mistake, provided the operation is not deferred too long.

2. If we cure a fistula in a patient who inherits a consumptive tendency his lungs will certainly become diseased; or, in other words, if we cure the fistula the disease will go to the lungs; that the fistula acts as a conservative drain to the general system.

I have yet to learn that any unnatural discharge from the human system is beneficial.

A few years ago I treated an old gentleman who had a tendency toward consumption by inheritance. He had ano-rectal fistula. His physician advised him not to have his fistula cured; if he did the disease would go to his lungs. The old gentleman was somewhat of a logical reasoner. He said, upon the same principle, it would not be wise to have his lungs cured were they diseased because the disease would go to the rectum, and he would have a fistula. The one is about as reasonable as the other. My belief is that if we are satisfied we can cure a fistula in a tuberculous case to do so in every case. The lung will certainly become no worse. The patient will be much more comfortable, and I am satisfied his life will be materially extended. Not that the cure of the fistula will cure the lungs in all cases, but it conserves the general strength.

I think the teaching that a fistula should not be cured on account of the danger of the lungs becoming diseased, or worse if they are diseased, has done a vast amount of harm. I have known patients to submit to the annoyance of a fistula for many years on this account, when they could have been entirely relieved from the trouble by treatment and not a particle of risk to run so far as the lungs were concerned.

We should aim to nourish a consumptive patient who has fistula as much as we possibly can. They need tonics, cod-liver oil, Maltine, syrup of the hypophosphites, creosote, etc., etc. They should eat as nourishing food as their stomach will digest. They should live out doors as much as they possibly can. There is no doubt but what some patients are so much benefited by having their fistulas cured, the pain controlled, the drain stopped, etc., etc., that they have recovered from the lung trouble entirely.

I believe that we should try and build up our patient before operating. The action of the bowels should be regulated.

A trip for a month or two away from home sometimes acts favorably in building up the patient. I do not believe it makes so very much difference where a patient goes, provided he has an abundance to eat and means of keeping warm and comfortable. I do not advise my patients to go to Florida any more, as I have never seen any great amount of benefit to result from a sojourn in that climate. Some, and I believe more, are benefited by going where it is cold than by going where it is warm. As a rule, we find the air purer in a cold climate than we do in a warm. If there is anything that a consumptive patient should have I believe it is pure air. It is a difficult matter to find a pure air where it is warm and marshy.

Before operating we should make the same preparation that we do for operating on an ordinary fistula—that is, we should clean out the rectum by physic and by enemas. The surrounding parts should be shaved and cleaned by carbolic acid, boric acid, permanganate of potash, dioxide of hydrogen, soap and water, etc., etc.

As a general thing, we can operate without giving an anesthetic. The pain of an operation is not nearly as great as in an ordinary fistula. Should we give an anesthetic I believe that chloroform should always be used in this class of cases. Ether seems to have a tendency to irritate the throat and bronchial tube, much more so than chloroform. I have seen two cases of pneumonia produced in this class of cases by ether. Chloroform, on the other hand, does not seem to produce any marked irritation of the air passages. I do not believe we run much risk in giving chloroform in consumption. I prefer it to ether, any way. We should operate as speedily as possible, for I do not think a consumptive patient should be under the effect of an anesthetic very long.

If we cut any arteries, which we are not very liable to do, we should ligate them at once—we should not allow any loss of blood if we can help it, as the patient is in no condition to lose blood. As a rule there is but little hemorrhage from an operation upon a consumptive fistula. Of course, we should use the same caution in this operation as we would in an ordinary fistula.

I never cut the sphincter muscle in a consumptive patient more than once in operating upon fistula. Generally it is

not necessary to separate the muscles in two places. If we do we are apt to have as a result incontinence of feces, which is a much worse trouble than the fistula. The loose skin should be trimmed off.

In place of curetting I am in the habit of using carbolic acid, one part to four of water. This can be swabbed all over the ulcerated and cut surface. I now pack the wound, not very tightly, with borated gauze. I do not use the iodoform. I place the patient in a warm bed and give him a cup of hot coffee. I like the coffee better than alcohol. I dress the wound about the third day, and every two or three days thereafter. I do not keep my patient in bed longer than absolutely necessary. Consumptive patients do not do well in bed. I have them upon a lounge which can be drawn near a window, where the sunlight comes in freely. Just as soon as I can I have them go outdoors and stay there as much as possible. I keep up the tonic treatment and good nourishment just as I did before operating. The surroundings should be as bright and cheerful as we can possibly have them. I do not believe it is necessary to move the bowels very often for the first week or two. Many of these patients are apt to have too many actions from the bowels, any way. If we obtain an action in three or four days after the operation it is soon enough. This can usually be accomplished by eating fruit. If need be we may give the saline laxatives. The old-fashioned tablespoonful of castor oil, I believe, is the best laxative in these cases.

If I see a fistula in a tuberculous patient or in one where there is a tendency in that direction by inheritance, I advise them to live outdoors. If their business is of a sedentary character and in the house, I recommend them to get rid of it and get an outdoor business. I know I have seen many lives prolonged by this means. Be outdoors all of the daytime. Dress for thermal changes and rainy weather, but be outdoors.

To assist a fistula in consumptive cases to heal we may apply carbolic acid one part, aqua eight parts; or ichthyol one part, water four parts; or dioxide of hydrogen one to two, or permanganate of potash two grains to the ounce; or fluid extract hydrastis canadensis one to four, at each dressing, or after the first week every day if necessary.

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of March 25, 1901.

THE PRESIDENT, N. P. DANDRIDGE, M.D.,
IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

A Case of Cerebral Abscess.

DR. E. W. MITCHELL: On January 27 I was called to see, in consultation with Dr. Walden, W. B., of Bond Hill. The patient was a fairly well-developed and well-nourished lad of thirteen years. Three years ago he had had a fracture of the right frontal bone, for which he had been trephined and treated by Dr. Ransohoff, and had made an excellent and perfect recovery. No brain or mental symptoms had followed. He had not suffered from headaches. He was intelligent and well up in his school work. He had good general health and took his part in the games of the boys of his own age. On the day preceding my first visit he had in the morning gotten his feet wet, in the afternoon had been coasting. For two or three days he had had symptoms of a slight cold. On Monday morning he complained of headache and of a pain at the root of the nose. He gradually grew worse during the day, and Dr. Walden was called to see him about six in the evening. He found him with fever, headache, sore throat and tossing restlessly in bed. Later he became unconscious. I saw him about 10 P.M., at which time his temperature was 103°, pulse 98, strong and regular; respiration 30, regular; pupils equal, slightly contracted, reacting normally to light; heart normal; lungs normal, except some coarse mucous râles; pharynx congested and tonsils swollen; abdomen normal, had had two stools during day; had vomited two or three times, with retching. When aroused he answered questions in monosyllables, and tossed restlessly from side to side, with some spasmoidic twitchings of right limbs, lasting but a few seconds, the patient again lapsing into deep stupor.

The family history was negative as to

tuberculosis or other taint. Father and mother both healthy. Three brothers and sisters were in every respect healthy.

The time which had elapsed since the fracture of the skull made it altogether improbable that the injury had any relation to this attack. The reddened throat aroused the suspicion that the nervous symptoms might be due to the onset of some acute infectious disease. Diagnosis was deferred.

Tuesday morning he responded somewhat more readily to direct questions, Temperature 101° , pulse 98. Had had a spasm at midnight and a second at 5 A.M., the convulsions being general but movements most marked on the right side. After the second he had roused up enough to ask for the vessel to urinate, and had answered questions very intelligently. Reflexes normal; Kernig's sign not satisfactorily obtained, as he made much voluntary resistance. He remained all day in a light stupor, getting up to use the vessel; had no convulsions; temperature from 100° to 101.6° ; pulse 95 to 100; respiration normal. Squint of left eye was noticed in the evening.

On Wednesday morning slight opisthotonus was first present. Temperature 101° , pulse 100. He had tossed restlessly in bed all night; no convulsions; still some twitching of right hand and arm; apparent hyperesthesia, as touching him starts him to tossing about; does not answer questions; has taken nourishment well; no vomiting; Kernig's sign present. A positive diagnosis of meningitis was now made, and it was decided to call the surgeon. Accordingly an engagement was made with Dr. Ransohoff to see the case in the afternoon, but about one o'clock he was seized with a convulsion and died very suddenly.

Autopsy made by Dr. Dudley Webb, assisted by Dr. Leonard Walden. Brain only examined.

Depressed scar on right frontal bone corresponding to a depression in the outer table, quite healthy in appearance.

Inner surface of bone so smooth and so nearly normal in appearance that only by close inspection could the site of the trephining be discovered. By holding the bone between the eye and the light the outlines of the button could be nicely seen. From the lower margin of the button a very fine line extended downward for

about three-fourths of an inch, probably indicating line of old fracture.

Dura mater normal in appearance except for the greatly distended blood-vessels.

The *pia mater* over the right frontal and anterior half of parietal lobe was covered by a layer of greenish-yellow lymph. In the superior frontal lobe was an abscess about as large as a navy bean and about an inch below the surface. The tissues between the abscess and the surface were softened and broken down. The central abscess cavity had the appearance of having a lining membrane.

It would seem probable that at the time of the injury a small abscess had formed here, had become encysted, had for three years produced no symptoms. Finally exposure and exertion had broken the limiting membrane, causing infection of surrounding brain tissue and perforation to the surface where the fatal meningitis was excited.

The absence of definite locating symptoms, and the brief time which elapsed between the onset of the illness and death —only a little more than forty-eight hours—made surgical intervention practically impossible. An examination of the brain shows that an operation, even as early as Monday or Tuesday, would probably not have saved his life.

Fibroid of the Uterus.

DR. J. AMBROSE JOHNSTON: Miss F., aged forty-two years. She has had pelvic trouble for two years; she complained of having to pass urine frequently; had pains in the hips, but not severe; felt tired and was so nervous that she feared she would go crazy. Physical examination revealed a tumor filling the pelvis, and the uterus could be outlined above the symphysis pubis on the anterior and superior surface of the growth; the cervix uteri was posterior and against the symphysis pubis.

On February 13, 1901, the abdomen was opened and the uterus and growth found as detailed above. It was impossible to lift the growth out of the pelvis or move it until it was completely cut away from its attachments; the cervix was left.

The symptoms of this case were not severe, and therefore did not demand an immediate operation on their account alone. But the form, position and relation of the growth to the uterus, ureters, rectum and bladder did not augur well for the

future at the best. The fibroid was four inches in the antero-posterior diameter, four and a half inches in the transverse, and five and a half inches long. The diameter of the pelvis at the superior inlet, conjugate, oblique and transverse, being respectively four and a quarter, five, and five and a half inches, would not allow much more room for the fibroid to expand. There was the ever-present danger of pressure upon the ureters and attendant damage to the kidneys. Furthermore, a few months growth might have so wedged it in the pelvis as to very materially increased the difficulty of removing it. Although the patient was forty-two years old and approaching the menopause—a time when such tumors are generally supposed to diminish in size—I deemed it best to extirpate; my experience has taught me that the menopause is not to be relied upon to reduce these growths, as they too frequently continue growing after that period.

Acute Osteomyelitis of the Hip.

DR. ALBERT H. FREIBERG: The patient whose case I wish to present is a young man, twenty-two years of age. He had always been of robust health, very muscular, and up to the onset of his present illness perfectly well. About two months before I saw him he was taken ill suddenly with a severe chill, with great pain in the left groin and hip. He had high fever and was greatly prostrated. The hip and thigh began to swell shortly thereafter, the swelling reaching alarming proportions; the boy's condition all this while was gravely septic. A second physician being consulted about four weeks after the onset of the disease, the nature of the swelling of the thigh was recognized and an incision was made in the upper third of thigh and on its posterior aspect. This gave issue to an enormous quantity of pus. The suppuration continuing to be very free a spontaneous dislocation occurred without any recognizable provocation.

About one week after this I was asked to see him. I found him extremely septic and debilitated, with fever and pulse 118. There was a typical dislocation onto the dorsum ilii, the left foot being supported on the right. The whole limb was swollen, the femur thickened and the knee somewhat painful to pressure.

I had him removed to the Presbyterian Hospital, where, on December 13, 1900, under ether anesthesia, I attempted the reduction of the hip, but unsuccessfully, as I had expected. The patient now behaved so badly under the anesthetic that it became necessary to make the greatest possible haste, and he was removed from the table after providing more liberally for drainage. The limb was in better position, however, the foot looking directly forwards. An extension by weight and pulley was applied, but had soon to be removed because of the development of an effusion into the right knee. This subsided gradually, and his condition began slowly to improve. Through the sinus at the back of the thigh the hip-joint could be reached with a long probe and denuded bone clearly felt.

On February 27 I then opened the hip-joint by the Langenbeck incision, coming upon a pocket of foul pus in so doing. I removed the head of the femur by means of the Gigli wire saw. From this time the boy has proceeded toward recovery without interruption, his temperature never exceeding 99.5°.

An examination of the specimen shows superficial destruction of the bone at the uppermost part of the neck. At the junction of head and neck the cartilage has been lifted off by the suppurative process. The ligamentum teres was destroyed. Small lamellar sequestra were found loose in the joint.

The case is of interest to me because acute osteomyelitis of the hip is rather uncommon here, as far as I know; and further, because of the dislocation. This is a frequent complication of acute osteomyelitis of the hip. Bruns and Housele, in an exhaustive study of the subject, report 106 cases occurring within forty years at the clinic of Tübingen, and in almost one-third of these cases spontaneous luxation occurred (*Beitr. z. klin. Chir.*, Bd. xxiv, p. 41).

Murphy Button Case.

DR. A. W. JOHNSTONE: This next to the smallest Murphy button, was placed in Mrs. G.'s small intestine not a great ways from the stomach on the 27th of December, 1900. She passed it on the 11th of March, 1901.

The patient was a large, fleshy woman of sixty-four years, who had suffered more

or less trouble with an umbilical hernia for some years. On the 26th of December it became strangulated, and, against my protest, was not brought into the hospital until the afternoon of the 27th. She had been given several grains of morphine directly after its strangulation, and the relief from pain caused the delay.

On opening the hernial sac the first thing found was a gush of black offensive fluid. Wiping this all away before cutting the ring, I found at least half of the omentum adherent to the sac, and containing four inches of dead intestine. I wrapped the black intestine in warm gauze and removed all the omentum that was stained. This required about ten minutes to accomplish, and I then found that the intestine was completely gangrenous. Clamping the intestine at the edge of the healthy margin, I cut across it and immediately applied the largest Murphy button that would slide into its calibre without distension. On closing the button, I then trimmed off the dead intestine from the mesentery.

As the condition of the patient demanded rapid work, I saw that I could get the wound closed quickly by the following method of handling the mesentery. I ligated the large arteries close down to the base of the mesentery. Then taking a fine piece of silk I back-stitched the two folds of the mesentery together at about the point that the old operation makes the V-shaped cut. I then took the triangular double flap which this produced and shut it up on itself like the folds of a fan and stitched them through and through. This gave me a firm strong base underneath the button. In fact, the upper edge of the mesentery projected above the lower rim of the intestine, and with a few fine stitches I reinforced the anastomosis up nearly one-half the diameter of the intestine.

Her recovery was uneventful except for the long delay in the passing of the button. She had been home for a month before passing the button.

There are just two points to which I want to call attention. One is the selection of the button, which should never fit tight in the intestine, and the other is the method of dealing with the mesentery. On thinking over the details of this method I know it can be improved. Where there is as much as four inches of mesentery to

deal with I would divide it equally, and instead of stitching it all to one side of the intestine I would bring each half up on opposite sides of the intestine, and in this way reinforce fully one-half the circumference of the anastomosis instead of only one-fourth, as in the method just detailed.

Use of Murphy Buttons.

DR. J. AMBROSE JOHNSTON: Mrs. R., aged twenty-nine years. Had a hemorrhage from the bowels when nineteen years old, losing half a pint of blood. Then at intervals she had hemorrhages. About September 1, 1894, she began to suffer from obstipation. On October 26, 1894, she stated that her bowels had not moved since October 12, and that prior to that time the movements had been very small. For some days prior to October 26 she had been vomiting offensive material. When she vomited a globular mass could be felt in the left inguinal region. An incision was made and a small nodular mass was found in the upper sigmoid. A section of the sigmoid was removed and the ends were united with a Murphy button. This patient died two days after the operation. The placing of a button at this point is not an easy job, as the appendices epiploicæ and the thick walls of the intestine made it difficult for the pucker sutures to draw the parts well into the grasp of the button. I would prefer in anastomosis of the colon to unite the ends with silk than with Murphy's button.

Mrs. S., aged fifty-one years. This case was reported to the Academy last year, but as the Murphy-button cases are to be gathered together this evening I briefly present this case again. She had a femoral hernia and the intestine was found to be in such a bad state from strangulation that four inches of the small gut was excised and a Murphy button was easily placed. It was five weeks before the button came away; it had not lodged in the rectum, because every few days the finger was inserted so as to detect it if present.

A Case of Mastoid Disease With Unusual Symptoms.

DR. JOHN A. THOMPSON: Adelaide F., aged thirteen years, consulted her physician, Dr. B. P. Goode, late in October, 1900, on account of general debility. Her mother had noticed for a number of days that her strength was failing and she was

losing flesh. It required unusual effort for her to do her regular school work, and the effort left her exhausted. When first examined by her physician there were no symptoms definite enough to differentiate any disease. Her temperature was sub-normal. During the two weeks following her first visit to the doctor her temperature varied from normal to 101° F. The course of the fever was irregular, simulating an atypical typhoid. The debility and emaciation were progressive. The only localizing symptom during this time was an earache, gradually increasing in intensity, with the pain much worse at night. The pain was in the mastoid process.

A slight chronic eczema behind the ear made it difficult to say when redness and swelling due to the mastoid inflammation first appeared. November 21 I saw the case with Dr. Goode. There was marked swelling and tenderness over the mastoid, and pain radiating over the whole temporal and parietal region. There was no evidence of any disease in the tympanic cavity. The drum was not even reddened. November 26 there was pus in the attic and a paracentesis was made, evacuating a small amount. Having become convinced that all the symptoms in the case were due to the mastoid inflammation, Dr. Goode left the patient in my care. The paracentesis wound healed rapidly, and the discharge from the middle ear ceased in a few days. There was at the same time a lessening of the fever and pain. A few days later there was a spontaneous perforation of the drum in posterior inferior quadrant after a few hours of pain, and a very profuse purulent discharge appeared in the external meatus. This was treated by gauze packing, with dry heat for the relief of pain. The temperature during this period varied from 99° F. to 101° F., rarely reaching the latter figure. The swelling and tenderness rapidly disappeared from the mastoid region. The child had not allowed her hair to be combed on account of the tenderness of the scalp, but now she slept lying on the affected side. Her condition improved so much I ceased my house visits, and December 14 she began coming to the office for treatment. The perforation in the drum closed once but reopened in twenty-four hours. December 20 all the symptoms were worse, and the next

day she was too feeble to come to the office. The temperature began to rise and the swelling and tenderness over the mastoid returned. She again suffered intense pain at night.

December 28 she was removed to the Presbyterian Hospital, and the next morning the operation for acute mastoid suppuration made. There were present and assisting, Drs. B. P. Goode, W. E. Murphy and the internes. When the periosteum was cut through a large amount of pus escaped. An opening one-fourth of an inch in diameter was found in the cortex of the mastoid process. A probe could be easily passed through this opening into the mastoid antrum. When the opening was enlarged the lateral sinus could be seen and felt in the posterior portion of the wound. The mastoid cells were filled with pus, granulation tissue and polypi. All the diseased and necrotic bone was removed with bone curettes until gauze could be freely passed into the mastoid antrum. The upper and lower portions of the incision through the soft tissues were sutured, the wound packed with gauze and the usual dressings applied. The first dressing was removed on the fourth day. The gauze in the external meatus was dry, showing immediate healing of the drum after drainage of the mastoid cells was secured through another channel. Recovery after the operation was rapid and uneventful. The patient left the hospital two weeks from the day of admission. I dressed the wound every second day. Healing was complete February 15, 1901, forty-eight days after the operation. The hearing distance for the watch in the diseased ear is $\frac{13}{24}$, or one-half of the normal. She has regained her normal health and strength, and is increasing rapidly in weight.

There are several uncommon features in this case that are worthy of special attention. The first is the grave disease in the mastoid cells for weeks before the tympanic cavity was involved. Second, we note the improvement in general and local symptoms while extensive destruction of the bone was in progress. Third, a death of bone wholly out of proportion to the general or local symptoms. Fourth, a rapid healing of the wound with none of the complications and delays that usually attend extensive operations on necrotic bone.

Report of a Case.

DR. W. D. HAINES: January 27 of the present year I was called to attend E. H., aged two years. She is a bright, light-complexioned, well-nourished child. She has fourteen teeth, light hair and blue eyes. The following points in the family history are seemingly worthy of consideration: A paternal uncle and two first cousins are mentally defected; another cousin suffers of tuberculosis of the hip-joint; a brother of the patient died one year ago, aged four, of meningitis; another brother died recently, aged six, of uremia.

The little patient suffered of an attack of pneumonia complicated by otitis media purulenta, in March, 1900, since which time she has remained well, with the exception of a slight purulent discharge from the right ear. The first symptom of the present attack was vomiting; this began at 11 o'clock A.M. I saw her at 2 P.M. the same day, at which time her face was flushed, breathing hurried and of a peculiar intermitting type, pulse rapid, temperature 103° F. The fauces were injected, the tongue was red, dry, and general glandular enlargement about the neck. The little sufferer was restless, and continually poking her finger into her right ear. Pressed for an opinion, a diagnosis of scarlatina was given. The temperature remained high— 103° to 104° —for the succeeding four days, still no rash appeared. The patient slept and ate fairly well. On the evening of the fourth day Dr. Louis Schwab kindly saw the case with me, and concurred in the opinion given. A few deeply injected macules the size of a millet seed dotted the skin, covering the anterior aspect of the knee-joint; the urine was loaded with albumin and phosphates, and grave uremic symptoms appeared on the third day. On the morning of the fifth day a faint rash appeared. The duration of the rash was one day, and was followed by pretty extensive desquamation, considering the exceedingly slight manifestation of the rash. The temperature abated slightly for a few hours, and then shot skyward to an alarming height within the following twenty-four hours, reaching at one time a point seven degrees above normal. This high temperature was in part due to an intercurrent acute follicular

tonsillitis. However, the child continued jabbing its finger into the ear, and the breathing, previously rapid, now numbered 40 respirations per minute, the pulse 160 per minute. On the following, or seventh day of the disease, ptosis of the right eyelid, together with contraction of the pupil of the corresponding eye and divergent squint of the left eye, assured us we had to deal with a second and more grave complication. Large rose-colored spots appeared upon the skin covering the face, hands, neck and anterior surface of the body, especially marked and persistent on the skin covering the neck immediately continuous to the right ear. Slight pressure upon the skin at any point caused a hyperemic blush, corresponding in size, to remain for several minutes. The child was very restless, crying much of the time, sleeping but little and taking but small quantities of nourishment. The urine had become more abundant and less albuminous. For a period of one week the patches continued to appear and fade; they would sometimes appear during the nurse's brief absence from the bedside, while preparing a dose of medicine, and again disappear almost as suddenly. At this time the discharge from the ear, which had ceased with the onset of the attack, was now noticed to be flowing. The paralyses began clearing, the temperature fell, the respiration lessened, the child began taking nourishment, and the storm was seemingly over; however, a maculo-papular eruption remains to remind us that possibly a vestige of the pathological element remains smouldering, awaiting a more vulnerable time in which to attack its prey and wrest from science her boastful laurels.

The "Normal Salt Solution."

There is some variation in the formula given by different writers. Dr. Charles A. L. Reed, in his new "Text-book of Gynecology," remarks that Locke has suggested the following formula and reported favorably upon it:

Calcium chloride,	. . .	$3\frac{3}{4}$ grains.
Potassium chloride,	. . .	$1\frac{1}{2}$ grains.
Sodium chloride,	. . .	$2\frac{1}{2}$ drachms.
Sterilized, distilled, or tap water,	enough to make	1 quart.

M. The solution may be injected subcutaneously, into the intestine, or into a vein.

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SATURDAY, JUNE 1, 1901.

EMBALMED MILK.

Now that the hot weather has come again it is well for the heads of households to carefully scrutinize their milk, butter and ice-cream supplies. It is a notorious fact that almost all dairymen and dairy supply men use formaldehyde in the lacteal goods furnished a long-suffering and very patient community.

During last year we had occasion to note the arrest and prosecution, as well as the conviction, of dairymen in New York, New Jersey and Colorado for violating pure-food laws and selling alleged poisonous milk to innocent children. Many cases of poisoning from ice-cream were reported the past season, due, it was claimed, to ptomaines, but, in fact, to the use of formaldehyde as a preservative. It is said that some of the manufacturers of this preservative agent, sold under all kinds of fancy names and warranted to keep milk pure under all conditions, have combined and agree to protect those who use these vile mixtures from damage suits in case of complications with health authorities. It is also claimed that some dairymen have such a political pull that the courts would not sustain any charges brought against them. We do not believe there is a court in the country that would

not promptly punish a dairyman who sold a poisoned milk supply to the little children of a great city.

It is well that physicians should be on their guard in cases of sudden sickness in families, and ask for samples of milk, ice-cream and butter used in the family for analysis. These samples should be submitted to the family druggist by the family physician for analysis. If formaldehyde is found as an explanation for the illness, civil suit for damages should be brought against the dairymen who vended the milk. Any of the large city newspapers could institute a searching examination of the milk supply of a city and attain startling results. The milk that does not sour during a thunder storm or remains unsoured in hot weather without ice is to be placed under the ban of suspicion. The milkman who carries his cans about in the hot sun without any pretense at keeping the same cool should be closely observed and his milk supply tested by the family druggist. For the use of the latter we herewith give the various methods for formaldehyde testing, laid down by Herman Harms in the *Bulletin of Pharmacy*, for the easy detection of an embalming fluid, used in milk by a very large number of dairymen who claim to sell pure lacteal supplies. The State Board of Health and Pure-Food Commission might profit by issuing a test circular for the State of Ohio:

I. THE RIMINI TEST.

A. Phenyl-hydrazine muriate, .5 gm.; distilled water, 100 c.c. Dissolve.

B. Sodium nitroprusside, .5 gram.; distilled water, 30 c.c. Dissolve.

C. Soda, U. S. P., 15 grams.; distilled water, 60 c.c. Dissolve.

To 15 c.c. of the suspected milk in a test-tube add 10 drops of *A*, mix, and add 3 drops of *B*; mix and let 5 drops of *C* run in slowly on the side of the test-tube. In the presence of formaldehyde, a blue color is instantly produced, changing, on standing, to red. On adding to the mixture of milk and solution *A* 2 drops of

ferric chloride solution, and then about 2 c.c. of concentrated hydrochloric acid a red color is produced, which later changes to orange-yellow.

In sour milk the above mentioned blue is supplanted by green.

The Rimini test is easily applied, and readily detects formaldehyde when present to the extent even of 1 part in 25,000 or 30,000.

2. HEHNER'S TEST.

To 15 c.c. of concentrated sulphuric acid in a test-tube add 1 or two drops of ferric chloride test solution, U. S. P., and mix. Then pour upon this, in such manner as not to mix the layers, the suspected milk. A *violet* color indicates the presence of formaldehyde. In the case of cream, dilute the cream with an equal volume of water, and then apply the test as above described. The violet color is sometimes produced at once, but oftener not for five or ten minutes, and sometimes not for an hour or so, depending upon the amount of formaldehyde present. By this test a part in 10,000 or 15,000 is readily detected.

3. THE PHLOROGLUCIN TEST.

Dissolve 1 gram. of phloroglucin in 100 c.c. of distilled water. Put 10 c.c. of the suspected milk in a test-tube and add 5 c.c. of the phloroglucin solution; shake and add 1 c.c. of solution of potassa, U. S. P. If formaldehyde is present a *red* color is developed at once, fading, usually, within five or ten minutes; hence the color must be observed at once. One part in 20,000 gives a decided reaction.

4. THE LIEBERMANN PHENOL TEST.

In the presence of small traces of formaldehyde, distill off from the milk a few cubic centimeters and add to this one drop of very dilute aqueous phenol solution. Then pour this mixture slowly upon concentrated sulphuric acid in a test-tube solution so as to form a layer. A bright crimson color appears at the zone of contact. This is easily seen in as little as 1 part in 200,000, and in greater proportion in 1 to 100,000. There is a milky zone above the red color, and, if more concentrated, there will be a whitish or pinkish precipitate. Sometimes the zone will appear in about one hour, one-tenth of an inch below the line of contact.

5. HYDROCHLORIC TEST.

Fifteen or 20 c.c. of suspected milk, together with 2 or 3 c.c. of strong hydrochloric acid, are boiled for a few minutes in a test-tube. A *red* coloration indicates formaldehyde.

Other tests are known, but they are more complicated and require apparatus or reagents not kept by the average pharmacist. The above tests are all simple in their application and afford a ready means of detecting formaldehyde in milk and cream.

REMARKS ON THE FOREGOING TESTS.

The Rimini test is highly recommendable. The reaction in *sweet* milk appears rapidly and with certainty. Hehner's test, as well as the phloroglucin and phenol tests, are very reliable and are all extremely sensitive. The hydrochloric acid test is very simple, but is not to be depended upon. It may show formaldehyde in most instances; however, cases have come under our observation when it has utterly failed to show the reaction, probably because of the milk having undergone some unknown changes. The Liebermann test is simple, delicate, and shows formaldehyde very readily.

As corroborative evidence, it is well, after the tests are finished, to let the suspected milk or cream stand in a warm place for twenty-four hours. A pure sample will invariably turn sour and separate. A sample which has been "doctored" with formaldehyde, however, will show, at the end of twenty-four hours, but a very slight separation, if indeed any at all, and will have but a slight odor.

A WORD OF CAUTION.

It is desirable to that all test solutions be freshly prepared, especially the nitro-prusside of soda solution in the Rimini test; and that the suspected sample be as fresh as possible. Sour samples are difficult to test, and may yield variable results, because in these formaldehyde has been oxidized, and is no longer present as formaldehyde.

In carrying out the tests for formaldehyde, it is advisable to work side by side the suspected sample and the one known to be pure. Finally do not expose your tests or have your milk placed where a bottle of formaldehyde is being opened,

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An agent for a saccharine firm has recently visited many druggists for the purpose of selling his product for use in the making of soda water syrups. What the chemical effect of saccharine syrup mixed with formaldehyde ice-creams on the human economy may be we do not know. It is high time some of our daily newspapers should show their interest in the welfare of the masses by making independent investigation of the milk, butter and ice-cream supplies of our great cities. Many cases of obscure intestinal disease in hot weather no doubt have their origin in the vile chemicals used for the preservation and sophistication of some of our most important daily food supplies. We trust our druggists will aid the family physician in an effort to discover the guilty parties who continually violate the pure-food laws.

T. C. M.

FORMAL OPENING OF THE HOSPITAL LABORATORIES.

Last Monday the Academy of Medicine was entertained by the Board of Trustees of the Cincinnati Hospital on the occasion of the formal opening of their new laboratories. Introductory remarks were made by Dr. P. S. Conner on behalf of the Board; Dr. N. P. Dandridge, President of the Academy; Dr. G. A. Fackler, President of the Medical Staff; and Dr. John E. Greiwe, Director of the Laboratory. After speeches reviewing the work of former pathologists and bacteriologists, an adjournment was made to the laboratories, where the practical daily work that is being done was demonstrated by the pathological staff, Drs. Greiwe, Wolfstein, Whitacre, Friedlander, Fee, Crane, Rowe and Devers.

A week ago a revelation in the official opening of the Branch Hospital for Consumptives; now the introduction to the profession of Cincinnati of a move just as important—a laboratory well equipped in almost every detail. Next week—what? What new and startling innovation for the good of medicine will be inaugurated by the most progressive Board the hospital has ever had? And we want to insist that these changes are due to the efforts of the medical portion of the Board. They know better than anyone else what is best for the public good in the management of affairs strictly medical; "they know it for sure;" there is no uncertainty in them as to the benefits of the moves they are contemplating. Hence they are able to go ahead, unmindful of all obstacles, or heeding them but to sweep them aside, satisfied in the backing of their associates in the Board and the approbation of their medical brethren. A board of non-medical men, no matter how anxious they are to advance the cause of medicine, are necessarily hampered by their lack of technical knowledge; they are never certain but that they are being used for the benefit of interested parties; are worried that they may have spent thousands of the city's money for the furthering of schemes attractive on the face, but without intrinsic merit; satisfied that the interests they are guarding remain in safe hands, they are content in seconding the plans of their medical *confrères*, and in this they have so far made no mistake. This spirit of harmony is sure to work even greater advantages in the future than it has in the past.

Of late suggestions have been noised around, principally in the public press, that the main structures of the Hospital be moved outside of the city proper. We hope that the Board will pay no attention to such suggestions. It has been demonstrated time and again that the best hospital for the patient is the teaching hos-

pital. Staff officers who know that certain cases are to be demonstrated before classes of bright and alert students, all ready and eager to detect the "Prof." in a mistake, will exert every care in making a correct diagnosis and instituting a proper therapy. A hospital outside the city cannot be used to any extent for teaching purposes, and the result is negligence on the part of the visiting staff. This also has been shown again and again, and is merely carrying out an axiom of human nature. The second consideration in a hospital as great and as centrally located as our own is that it should be used to the widest extent as a teaching institution; not only for the benefit of the interne staff, but for the advancement of every medical student in so far as it is possible without detriment to the health of the patients or the efficiency of the working body. Such ward teaching is becoming more and more every year a matter of routine in the City Hospital. It is right, and should continue and increase. It is the tendency of the times that clinical teaching is the best teaching, and in the future the clinical lecturer will hold an equal if not a superior place to the didactic. Place the hospital out of reach and you will place the student and the staff officer out of reach also, and the gain for the patient in fresh air will be more than offset by the laxity of professional treatment. And what, then, would become of the laboratories that have been erected at so great expense? The men who are giving their time to routine work, often many hours a day, and to the detriment of their financial interests, are able to do so solely because their laboratory is centrally located. With the Hospital outside the city, the vacancies that would necessarily occur on the hospital staff would awaken the memories of the oldest inhabitant. Nor could the Hospital be in one place and the laboratory in another. The essential feature of the laboratory work

at the present time is that it be done in connection with the clinical aspects of the case under consideration; no other plan will ever be feasible.

The LANCET-CLINIC wishes to congratulate the Board on the reforms that have already been instituted, and hopes that the future will find them even more progressive, bringing the hospital to the position it should occupy—among the leading teaching institutions of its kind in the country.

M. A. B.

DR. WILLIAM WARREN POTTER, of Buffalo, has accepted the invitation of the faculty of the Hospital College of Medicine, of Louisville, Ky., to deliver the doctorate address at the commencement exercises of the college to be held at Macauley's Theatre, the last week in June, 1901.

Treatment of Labial Carcinoma.

The only proper treatment for cancer of the lip is radical extirpation at the earliest possible moment, associated with removal of the anatomically related lymphatic glands. It is quite true that arsenic is frequently used in these cases. We admit that some cases have been cured by its use, but we consider that this treatment is absolutely improper, because it entirely neglects the associated lymphatic glands. Whereas some cases have recovered after the local application of arsenic, a very large number of cases must have perished because the adjacent glands were not removed. The treatment is more painful, produces greater disfigurement, is just as dangerous, and is of infinitely less value than is operation by the knife. In every operation the surgeon must aim at radical removal, and in the majority of cases it is perfectly useless to take away the lips and leave the anatomically related glands.—DA COSTA, in *Therapeutic Gazette*.

GERANIUM maculatum is decidedly astringent and has been successfully used for ulcers in the mouth, diarrhea, fissure of anus, metrorrhagia, gleet, and urethral hemorrhage.—*Med. Summary*.

Current Literature.

+

The Relationship Between Myocarditis and Arterial Disease.

Fujinami (*Virchow's Archiv*, Vol. clix, p. 447) examined fifty-two cases of myocarditis, and describes with great care the macroscopical and microscopical changes. He finds that only in the acute circumscribed areas of parenchymatous myocarditis a constant and close relationship exists to arterio-sclerotic changes in the coronary arteries. These may have caused narrowing or obliteration of the vessel's lumen. In the diffuse fibrous myocarditis he also found arterio-sclerotic changes in the course of the coronary arteries, but these were mostly limited to such changes at the vessel's origin from the aorta. Rarely were any changes found in the vessels near the fibrous areas which could have any etiological bearing. In such instances he believes the arterio-sclerosis may indirectly cause the more diffuse nutritional disturbances in the heart muscle as to lead to a death of the muscle fibres and a secondary increase of fibrous tissue. The arterial changes may be very slight, causing no obliteration of the lumen. Not in all instances is the presence of fibrous tissue dependent on a destruction of muscle fibres.

Fujinami found in several tissues examined a primary non-suppurative, interstitial myocarditis, without finding bacteria, where the areas of cellular infiltration caused a separation in the intact muscle fibres. Vascular changes were entirely wanting near these areas, or were secondary to acute inflammation. The author believes a toxin to be the cause of the changes, although he was unable to find any definite chemical substance. The ultimate outcome of these cases is also in the formation of fibrous-tissue areas. Points of predilection for these myocardial changes are the lower half of the anterior wall of the left ventricle and the upper part of the posterior wall. In six instances partial aneurisms of the heart had formed. One of the cases, with three aneurisms in various stages of development, is described in detail. In cases of cardiac rupture only two showed arterio-sclerotic changes; in one of these the arterial disease was very

little advanced, whereas the third case showed no arterial changes whatever.

Very often a fragmentary form of myocarditis was present, and always some distance from the most involved areas. In explanation of this condition he believes the arterial changes have caused a certain amount of damage to the muscular fibres in general, but that these still have the power of contracting, and that during a more forcible cardiac contraction the fibres were torn, whereas the fibres in the areas of more advanced disease are so atrophied, or so surrounded with fibrous tissue, that they no longer contract to a sufficient extent during the cardiac systole to make tearing possible.—*Maryland Med. Journal*.

Etiology of Gall-Stones.

For the sake of brevity the author formulates his conclusions, which seem justified by a careful study of the literature on the subject.

1. A sterile foreign body does not lead to gall-stone formation, though a sterilized gall-stone may be penetrated by at least the colon-bacillus.
2. The contents of the hepatic and cystic ducts, and also of the gall-bladder, are usually sterile.
3. The common duct not infrequently contains bacteria, a fact readily explicable by the relation of the duct to the intestines.
4. Gall-stones have been produced experimentally by a number of observers with a number of organisms. Mignot failed with virulent cultures, while he succeeded with attenuated cultures, alone, or in connection with a foreign body.
5. The presence of bacteria has been demonstrated in connection with a considerable proportion of cases of gall-stones.
6. The clumping of the typhoid-bacillus led Dr. M. W. Richardson to think this peculiarity might play an important rôle, and he produced gall-stones in a rabbit by the introduction of a small amount of a clumped bouillon-culture into the gall-bladder.
7. The colon-bacillus and the typhoid bacillus are the most common bacterial agents in gall-stone formation.

He emphasizes the fact that stasis of the bile is a very important factor. This permits change in the reaction of the bile and favors precipitation of bilirubin cal-

cium, increases cell-desquamation and affords a nidus for the growth of bacteria, possibly derived from the blood, or more usually from the common duct, of the intestine. His therapeutic deductions are to forestall all cases of stasis and annihilate typhoid fever.—FRED. C. SHATTUCK, M.D., *Philadelphia Med. Journal.*

Sir Lauder Brunton on Gastric Ulcer.

In the opinion of Sir Lauder Brunton in a large number of the cases of gastric ulcer the pain can be stopped almost to a certainty by the administration of bicarbonate of soda, with this proviso, that the drug must be given in large quantities. In discussing this point Sir Lauder mentioned the following as being his idea of the best way of giving the medicine. His plan is to dissolve a teaspoonful of bicarbonate of soda, the patient to sip the solution teaspoonful by teaspoonful until the pain is gone. Most people would naturally think of dissolving the bicarbonate in water, but the proper way, it seems, is to dissolve it in lime water, adding a little spirit of peppermint. The reason given for using lime water is that the bicarbonate of soda in plain water might possibly soften the tissues to too great a degree, and thus render a patient who has suffered from gastric hemorrhage more liable to a recurrence. In one instance bicarbonate of soda was prescribed for a very severe case of duodenal ulcer. It acted like a charm in relieving the pain, but a short time afterwards the patient was seized with hemorrhage, which recurred again and again and finally proved fatal. The result may have been due in this case to this softening of the tissues. To lessen the constipation caused by the lime, fluid magnesia may be given along with the bicarbonate of soda. The experience of Sir Lauder Brunton with cases of gastric or duodenal ulcer has been to show that the pain is relieved by neutralizing the acid of the stomach and duodenum, and this effect has been noted in patients where fairly large doses of morphia have not availed to alleviate the suffering. An alternative formula to the above is: Spt. menth. pip. 3ss; cretae præparat 3ss; magnes. carb. lev. 3j, and sodii bicarb. 3j. A teaspoonful of this preparation should be stirred up in half a tumbler of water or

more and slowly sipped, a teaspoonful at a time, until the pain is relieved. All this does not sound very heroic, but it appears to be very efficacious.—*Med. Press and Circular.*

Plantar Reflex in Infants.

Dr. J. L. Morse (*Pediatrics*, January, 1901) says that in view of Babinsky's observations on the plantar reflex, a knowledge of the state of this phenomena in infants is important. Observations made by Babinsky, Cestan and LeLourd, Collier-Cohn, Kalischer, Sclusler and others, varied very much. The author examined 254 cases from one to twenty-four months of age. In 25 per cent. of the cases plantar irritation produced flexion of the toes in both feet; in 21 per cent. extension on both sides; in 5 per cent. flexion on one side and extension on the other; in 35 per cent. no reflex. Conclusion—there is no constant plantar reflex during the first year, and while during the second year the reflex approaches more the adult type, it is still inconstant. Therefore no conclusions can be drawn from the presence, absence or character of this reflex in the diagnosis of abnormal conditions.—*Canadian Practitioner.*

Stain for Elastic Fibres in the Sputum.

L. Michaelis (*Deut. Med. Woch.*, April 4, 1901) gives the results of mixing various basic stains with resorcin, all being equally effective in staining elastic fibres in sputum. He prefers fuchsin, resorcin, and ferric chloride, which produces a dark blue stain. The suspicious part of the sputum is spread between two cover-glasses and allowed to dry in the air. A cover-glass is then immersed in a glass containing the stain, which can be used a long time. The alcohol in the staining solution acts as a fixing agent, and in half an hour the specimen is removed, rinsed in water, and placed in a 3 per cent. hydrochloric acid solution until it appears colorless. It is then dried and covered with a drop of cedar oil. Examine with a microscope, and the elastic fibres will be found stained a dark violet, while all other fibres, such as wool, cotton, and vegetable fibres from food, are not stained. This method gives us another means of making an early diagnosis in tuberculosis, as there is no element

in the sputum of bronchitis which gives this reaction.—*Med. Age.*

The Staying Powers of Arsenic.

White arsenic is eaten by large numbers of peasants in Syria and the Tyrol with the object of warding off fatigue and improving their staying powers. It is taken fasting, usually in a cup of coffee, the first dose being minute, but increased day by day until it sometimes amounts to the large quantity of twelve or fifteen grains. Several doctors who have made a study of these people, declare that the arsenic-eaters are usually long-lived, though liable to sudden death. They have a very fresh youthful appearance and are seldom attacked by infectious diseases. After the first dose the symptoms of slight arsenic poisoning are evident, but these soon disappear on continuing the treatment. In the arsenic factories in Salzburg the workmen who are not arsenic-eaters soon succumb to the fumes. The manager of one of these works declared that he had been medically advised to eat arsenic before taking up his position. He considered that no one should commence the practice before twelve years old nor after thirty, and that in any case after fifty the daily dose should be reduced gradually, as otherwise sudden death might ensue. If a confirmed arsenic-eater were to suddenly stop taking the drug he would immediately succumb to the effects of arsenic-poisoning.

—*Indian Lancet.*

Dust as a Factor in Diseases of the Upper Respiratory Passages.

W. Scheppegrrell (*American Medicine*, April 13, 1901) says that dust is one of the greatest factors in the causation of diseases of the upper respiratory passages, and that while dust may be a necessary evil in the hurry and rush of the twentieth century, still it may be very much diminished and the effects minimized by using proper precautions. Our houses, offices, and buildings should be so cleansed as to avoid the distribution of dust, and every precaution should be taken in cases of illness to prevent the vitiation of the air with germ-bearing dust. Our streets should be frequently watered and cleansed so as to prevent the dust from rising into the air, and the laws of hygiene should be

enforced regarding spitting on the floors of public carriers, places of amusement, and even on the sidewalks. The respiratory passages should be kept in their normal condition as far as possible, and the apathy regarding chronic disorders of the upper respiratory passages overcome. Under such conditions, dust would soon become a far less prominent factor in diseases of the upper respiratory passages.—*Med. Age.*

Eggs.

"The eggs of a scavenger hen are not fit to be eaten," says Dr. J. H. Kellogg, writing in *Modern Medicine*. "My attention was called to this a number of years ago. A lady said she could not eat our eggs. She wanted 'sunflower eggs.' I told her we had the best eggs in the country, but she wanted 'sunflower eggs.' I asked her what she meant by that, and she said that an old German at home fed his chickens on sunflower seeds, and that the eggs were remarkably sweet. Some of the eggs were sent for, and this was found to be true. Eggs do partake of the nature of the food which has been eaten. When chickens are feed on dead calves, dead hogs, or other dead animals, their eggs will partake of the strong rank flavors that they have swallowed with their food."

The Proper Way to Give a Hypodermic.

Pick up the entire fleshy mass between the skin and the bone in the less tender part of the upper limb, the back, upper arm or shoulder, and push the needle directly through at right angles to the skin. It should be done with a quick stab, and made to enter the muscle mass. The fluid is then gradually pushed home, after which the needle is withdrawn quicker than it went in, the puncture site being massaged for a moment for the double purpose of obliterating the needle track and promoting absorption of the injected liquid. Try this method once, and you will never want to go back to the other. The patient does not mind it. We have never had an abscess in twenty years' work. It is the only right and least painful way of giving a hypodermic injection.—*Med. Council.*

THE monobromate of camphor is suggested in acute nasal catarrh.

Book Reviews.

Oral Sepsis as a Cause of Disease. By WILLIAM HUNTER, M.D., F.R.C.P. Cassell & Company, "Limited," London, Paris, New York and Melbourne. Robert Clarke & Co., Cincinnati. Price \$1.00.

This little monograph of thirty pages deals with an etiological factor in "septic gastritis," "toxic neuritis," and other septic conditions in a forcible and logical manner, presenting a number of interesting cases from the author's own practice and hospital service illustrating his pathological doctrines and therapeutic measures.

The physician, the surgeon, the dentist and the patient are shown to be singularly careless in regard to septic (and by this he means *pus-producing*) conditions of the oral cavity—of teeth and gums. He calls attention to the unaccountable oversight in regard to the significance of oral sepsis as a cause of local and general disease—a continual source of septic poisoning and of septic gastric infection. While the most minute care is taken to protect patients from notorious disease-producing organisms, such as typhoid or tubercle bacilli, whether in the air, the food, or the water; and increased attention is being directed to environment, general cleanliness, drains, etc.—the mouth alone is left in a permanent condition of sepsis, which, if existing in any other part of the body, would at once receive vigorous measures for correction.

The author draws a picture of the modern surgeon preparing himself and his patient for an operation—scrubbing the epidermis and looking minutely after every source of bacterial infection *excepting in the mouth* of the patient, while in this location he might find the nursery of a host of *pus-producing* micro-organisms of a most menacing character. The oral cavity should receive special treatment—methods mentioned by the author—before the surgeon should dare to operate, especially in abdominal surgery.

Physicians, surgeons and dentists all know about this matter in a general way, but are curiously neglectful, leaving the oral cavity to the other party and shifting responsibility.

The book is valuable because the author

has made special study of the subject, and because of the cases reported and his diagnostiations and methods of treatment of these neglected etiological factors in obscure cases.

Physicians and dentists can find food for thought in this little volume, even if they cannot agree with all of the conclusions of the author.

C. M. W.

Poisoning by Vapo-Cresolene.

Adams (*Archives*, December, 1900,) reports the following cases:

A child one year old in coma, with cold, clammy sweat, thought to be dying. Marked pulmonary edema, and had been passing black urine, but no urine at all had been passed for twenty-four hours. The child had had a cough, and a vapo-cresolene lamp had been recommended. The child had been kept in a small room with the lamp burning for twenty-four hours at a stretch. Recovery took place when it was removed to the fresh air and given plenty of water to drink.

An infant six months old with stridulous respiration, mucous rales over both lungs, cold, clammy sweat and dilated pupils. A vapo cresolene lamp was burning in the room. The odor of carbolic acid was very perceptible. No smoky urine in this case. The child also recovered when taken into another room and given plenty of water to drink.—*Canadian Practitioner*.

Salicylate of Soda and Asperin in the Treatment of Rheumatic Sclerokeratitis.

Pfalz, of Düsseldorf (*Archives of Ophthalmology*, No. 2, 1901), considers the effect of salicylate of soda on sclerokeratitis as quite pathognomonic. He describes the condition as a circumscribed ciliary injection with sensitiveness to pressure, gradual extension through the entire periphery of the cornea, and photophobia, lacrimation, etc. Later delicate deep-lying opacities appear transiently in the deep layers of the corneal margin. Ordinarily these cases require three or more weeks to recover, but when salicylate of soda is given they usually recover in three or four days. The affection is apt to recur, become chronic, and to be complicated with iritis. Asperin, which does not act so promptly, may be given in place of salicylate of soda when this drug is not well borne.—*Med. Age*.

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JUNE 8, 1901.

WHOLE VOLUME LXXXV.

DISEASE OF THE GUM BORDERS AND SOCKETS OF THE TEETH.*

BY C. M. WRIGHT, B.S., A.M., D.D.S.,
CINCINNATI.

The subject which I have chosen for this essay has been referred to in medical literature for hundreds of years, and for the past quarter of a century has been the special study of many of the brightest minds in our profession. Tuberculosis, diphtheria and appendicitis have received scarcely more devoted and intelligent investigation by well-trained biologists and therapeutists than has the disease which affects the tissues at the necks and about the roots of the teeth. To-day it has a literature so full, a nomenclature so rich, an aspect so apparent, and yet possible causes so obscure, that the profession and the public are fascinated by the mystery that seems to be bound up in this small section of tissue defined by a narrow border of gum and the so-called sockets of the teeth. Nowadays the dental surgeon, in making an examination of the teeth, extends his observation to the surrounding tissues. Instead of simply hunting for and counting the number of cavities, as he formerly did, he critically examines the gums about the necks of the teeth, searching for evidences of a tendency towards or the actual presence of a condition which is so prevalent that some authorities claim that 60 per cent. of the teeth of all persons over thirty years of age are lost by it, and not by decay. A few modern dentists, too, devote a large proportion of their time and practice to the treatment of this one disease, to the neglect of the more mechanical operations of filling of cavities and making of bridges and plates.

A quarter of a century ago no attention was given to this condition by the great body of men called dentists, further than to extract loose teeth and those surrounded

by spongy and bleeding gums, and to make and adapt artificial substitutes. This was a simple curative method, quite in line with the highest ideals of legitimate practical dentistry. Enucleation was a surgical operation of considerable dignity with the dentist at that time. It was largely employed for "ulcerated teeth," for persistent fistulæ from the roots, and by many even for molars and bicuspids with "exposed and painful nerves." It was a successful operation for the cure of all diseases of the teeth and alveoli.

Gradually one after another of the disorders of the vascular and more highly organized tissues within and about the teeth—the membranes of support and secretion, the organs of nutrition of the tooth tissues—began to be studied and successfully treated. At first methods were based on clinical and empirical observations, but followed by more systematic and scientific experiments with causes. Recall the history of the etiology of dental caries!

Rich's disease, *alias* pyorrhea alveolaris, *alias* phagedenic pericementitis, interstitial gingivitis, utitis purulosis, pericemental necrobiosis and other histological and pathological *aliases*, has been passing through all the fluctuations of theoretical and experimental eruptions; yet its etiology is really no more obscure than that of catarrh of the respiratory passages. In therapeutics, the general practitioner, as well as the specialists in rhinology and laryngology, find just as good a field in catarrh for continued treatment and permanent income (Whittaker) as the dentist can in this disease about which we are writing. In catarrh the causes are undoubtedly both local and constitutional. If the causes were purely

* Read before the Tri-State Dental Association, Indianapolis, Ind., June 5-7, 1901.

local the disease would be limited to one or two recognized phases or stages, like hyperemia with its bland secretions, or simple acute inflammation with the more strenuous efforts on the part of the blood and tissues in the direction of regeneration, and with no tendency toward recurrence after the local irritant had been removed.

As surgeons we can scarcely admit a picture of inflammation to our minds that is minus the "regenerating" efforts on the part of leucocytes, connective and other tissues, the blood, lymph and nerves to resist deeper invasion, to expel the irritant and to repair the damage. The more acute our appreciation of these efforts of the neighboring living tissues, the greater will be our success in assisting. This is the sum total of the obligations of the physician and surgeon in the presence of disease. For this he studies histology and physiology, morbid anatomy and the doctrines of pathology. This is the underlying principle of all treatment, and is the same whether applied in the life history of a single cell in disease, or in the most highly developed complex tissue, and clearly the first application of the principle would be attention to the local conditions.

In this disease of the gums and sockets, as in specific diseases like typhoid fever or diphtheria, we find a local inflammation more or less intense, and including more or less tissue. It may be bounded by the border of the gum, or it may extend to the membranes of support and nutrition encircling the root of the tooth, or to the osseous wall about the root. In any case it is an inflammation presenting in character one or many phases or degrees, just as other inflammations do, though not necessarily presenting all the classic signs, and rarely exhibiting constitutional disturbance enough to induce fever.

The circulation in the tiny blood-vessels of the part is disordered, and we have in many of these cases an active and afterwards a passive hyperemia or congestion; simultaneously we have exudates from the blood, which also vary according to the progress of the disease and changes in the circulation and tissues. A serous secretion at first may later be fibrinous, hemorrhagic, muco-purulent, purulent. Tissues, cellular and intercellular, in this circumscribed area, soaked with the excess of

blood exudate, soften, take on disordered nutritive action, become reduced to conditions resembling embryonic tissue (connective tissues have been accused of always retaining a memory of the mesoblast); cellular elements multiply and try to organize and rebuild; a struggle towards regeneration continues, but irritants from without, mechanical and chemical, and obstructions and toxines from within oppose the struggle for existence on the part of the protoplasm of these tissues, and we have the complications of a *chronic* disease, with all that this implies. At any stage of the conflict the dental surgeon can afford aid. With his specially educated touch, his well-tempered instruments, selected to suit his own hand, the specially designed syringes, scissors, knives and curretting instruments, with pyro-zone, antiseptics and agents that promote waste and agents that stimulate or encourage repair, he is well equipped to battle with local irritants and aid the efforts of the tissues.

I know of no surgical operation that requires more discrimination, when we consider the conditions that favor chronicity in these tissues and locations, such as the lasting changes which take place in the tissue itself, in the course of this disease; the repeated injury by external influences, such as concretions and infections, especially by bacteria; unfavorable nutritive conditions in the tissues, like necrobioses or atrophy. When we reflect upon the methods the tissues themselves display in efforts toward a physiological type, dealing with the exudates and necrosed tissue by absorption or sequestration and expulsion, and in the meantime by granulation and regenerative methods struggling to repair and restore to health, we can understand that the more perfect our recognition of the exact pathological state at any given period of the disease, the better able shall we be to assist rather than hinder these efforts on the part of the tissues themselves. Therefore, *judgment* is as important as surgical dexterity and thoroughness on the part of the operator.

To lay out for your inspection a lot of instruments, and to detail the push and pull movement for the same, or to define when iodine, or hot water, or trichloracetic acid, or sulphate of copper, or balsams, or any of the excellent remedies we have at

our command through the diligence of the many students of the disease, is not the business of this paper, though it is the business of the surgeon to know about them. Simply to indicate clearly the relation this disease bears to others, to classify it, to define its position in pathology, in therapeutics, in dentistry, and, if I may say, in comparative specialism, is all that falls to our province to-day. The disease generally presents catarrhal, interstitial and phagedenic inflammatory phases, because of the kinds of epithelial and connective tissues involved and because of the location and unique characteristics of the arrangement and interdependence of these tissues.

Histology shows us that in the early life of the marginal structures a delicate membrane (Nasmyth's) bridges over the gap between gum and enamel, and that this disappears, leaving the space unprotected; also that the peridental connective tissue in early life is less dense and fibrous, and more myxomatous than in middle life and old age; that these periodontal membranes are prone to senile changes and degenerations, liable to obsolescence; that there is probably a glandular excretive function of the epithelia just under the free border of the gum.

In the direction of study of the excretive function of peripheral epithelia, some very recent work has been done in the north of England with reference to peripheral neuritis. An etiological factor in many forms of this disease has been recognized to be of arsenical origin, the small quantities of arsenic being introduced into the system from beer. Dr. Dixon Mann's researches show in what extraordinary quantities arsenic is eliminated by the epidermis and its appendages. A fraction of a gramme of epithelial scales, hair and nail parings has been found to yield an abundance of arsenical crystals. The physiologist and the toxicologist will lay these facts to heart, and study the excretory functions of peripheral epithelia and the various poisons that find their way to these apparently insignificant bodies and locations.

With such transitional structures, so functionally complex, and in such exposed situations, inflammations from causes exogenous, and these innumerable, as we can readily see, such as calcareous deposits, either seruminal or salivary, food débris,

fermenting substances, bacterial activity, traumatic injuries, floss silk, tooth-brush bristles and a host of other things, or causes hematogenous or lymphogenous, such as waste products in the plasma that have exuded from the capillary loops of the parts and have not been carried away by the lymph. Why? I think any of us can picture the irritation that might produce inflammation in these gum borders from a disabled kidney, or a torpid liver, or from auto-infection from the alimentary canal, or from nerve exhaustion; all these perhaps manifesting themselves as secondary results of perhaps earlier specific causes.

The history of this disease in man and domestic animals points to the fact that these gum borders, liable as they are to degenerations, are intimately dependent on the functional health of possibly every gland, membrane and nerve centre in the body, and on the quality and quantity of the body juices, on cachexiae and diatheses.

I have been accused by some of my dearest friends and most kindly critics of not making positive statements in some former essays, and here I wish to announce that this Riggs' disease—let us call it so out of compliment to this early systematic student of the trouble—has as many remote, predisposing internal or systemic causes as has catarrh and the eczemas, and offers as wide a field for the specialist's treatment—this specialist having the broadest possible general medical training—as does chronic nasal catarrh by the rhinologist and the eczemas by the dermatologist. (I need not refer to the number of skin diseases that dermatologists define under this name, nor to the chronicity of many of these forms, and the frequent failure of eradication on the part of the most distinguished of these specialists.)

Let me be positive again. The far-away predisposing cause of Riggs' disease is frequently a neurosis. The neurasthenic professional and business man; the stay-at-home wife, overburdened with the monotony of her existence; the epileptic and the paralytic exhibit this disease as a sequence of neurosis, and, as the physiologist might show, as a result of abnormal emotions, although this latter factor is too frequently neglected in the consideration of obscure causes of bodily ailments on account of the difficulty of

bringing the phenomena under careful laboratory observation, the general medical practitioner and the surgeon, and even the laity, recognize the important part the emotions play in the evolution of disease or after surgical operations. Depressing emotions frequently appear as assisting in the development of tuberculosis. Puerperal fever is also encouraged by depressing emotions from fear or reproach. These are recognized bodily effects from mental states, and in a series of laboratory experiments on rabbits, pigeons and white mice it has been shown that animals under fright presented an increased susceptibility to inoculation with cultures of pathogenic microbes. "Asthenic emotions may thus be regarded as corresponding in their action to traumatism, chill, fatigue inanition, loss of blood, etc. It is not merely that the condition of the vessels changes under emotional disturbance, but the phagocytes themselves exhibit the influence of changed conditions, in apparent loss of vitality, with corresponding loss of the property of being attracted to the invading microbes or the product of their secretion."

Diseases of the blood and of the circulation are predisposing causes—anemia, plethora, waste products not eliminated by distant glands, lithiasis, faulty gas exchanges, in lungs and other tissues, persistent poisoning from house air, impregnated every time atmospheric pressure overcomes modern sanitary plumbing. Now the dentist who attacks the local manifestations is acting in a perfectly reasonable and logical manner, and does much good by his delicate surgery and topical treatment, but the remote causes remain alert and ready for attack at any time that local opportunities offer. When we can treat and cure gland disturbance and rebuild nerve tissue, and strike the hydra-headed gout and put all the blood-elaborating and waste-eliminating organs within the pale of physiology, with all that this means in the struggle for an existence impregnated by hereditary and encapsulated by environment, we may prevent this disease from occurrence and recurrence, and we are no farther away from this millennium of therapeutics than are our brilliant and worthy confrères in other departments of medicine.

Intelligent local treatment is the first consideration with us, as it is with the

elements within the organism, and as it is with us in the treatment of dental caries.

The criticisms accusing specialists of partial medical culture and lack of apprehension of the broad principles of pathology because they apply local remedies for diseases with constitutional causes, are not always just; for while dyscrasiae exist and should be appreciated, and are correctly though sometimes indefinitely diagnosed in many cases, we all recognize that the local manifestations would not present themselves if local irritations from within or from without, or local peculiarities of structure, did not make it possible. And local stimulation, applications of heat or cold and medicines, or massage, are as important, if fortunately selected, as is the direct surgical removal of a visible irritant.

The sensitive nerve terminals and reflex motor responses, the capillary circulation, the leucocytes congregated at the point of distress, are all sensitive to local impressions and susceptible to intelligent medication—else why use iodine or ointments or massage or ice in certain cases? And it may be proper to assert just here that in the treatment of constitutional phases, or more remote special organs like the nervous system, or the intestinal tract, or other diseases like syphilis or tuberculosis, or concurrent catarrhal manifestations, that consultations with the family physician or other specialists should be insisted upon for the benefit of the patient, that the broadest measures in therapeutics may be adopted and harmoniously carried out by the combined knowledge, methods and training which are the result only of special study. I have no sympathy with the specialist who is sufficient unto himself, whether his practice is confined to diseases of the nervous system, to surgery, to internal medicine or to general practice.

The subdivision of medical practice into specialties makes it imperative that consultations between specialists should be frequent, that we may avoid the partial treatment which is the bane of specialism.

Local treatment has in many cases proven successful in catarrh, in eczema and in this disease. In certain stages the cure is apparently complete; in others the teeth are made tolerable and placed so that functions are performed normally and appearances preserved. Again, this disease

bears the same relation to extraction that caries does. Extraction cures caries and it cures alveolar abscess and pyorrhea alveolaris, but the aim of the dental surgeon of to-day is to save teeth from the forceps and to avoid the necessity of wearing the artistic products of modern prosthesis. This is all well enough and legitimate modern dentistry, but having lived and practiced through the two methods of treatment, I should not be true to my convictions if I did not add that the extraction of diseased teeth and the supplying of artificial and artistic substitutes is a surgical and mechanical treatment that has proved of the highest value to millions of people, and it must not be allowed to fall into innocuous desuetude at this stage of the game.

May I be permitted also to suggest that as in the local treatment of this disease of the gums the most delicate and intelligent surgery is required and a persistent patience not necessary in more brilliant efforts like the removal of a tumor or the mastoid operation, so-called, and as time and skill are the business assets of the operator, all old ideas about compensation that have grown up between dentist and patient must be done away with. We are placed in the curious position of being able at any moment, by surgical elimination, to effect a radical cure of the disease, and yet our earnest desire and the demands of cultured patients are all for the saving of the teeth. We have become imbued with the doctrine that the dentist's highest aim is to save to usefulness and beauty the natural teeth. Our lives are spent in this effort—in fighting the diseases which threaten the destruction of these organs. We fight caries, pulpitis, alveolaritis, and Riggs' disease—not a very long list, but chronic, progressive and complicated in character. This special Riggs' disease is the most destructive in its effects upon the patient and upon his teeth, and requires longer, more persistent and more frequent operations than any other, not excepting caries. The recognition of these facts is important to dentist and patient.

Teeth are not a necessity, the loss of which will greatly affect the life, health and pursuit of happiness of the individual. Teeth are of the nature of a twentieth century luxury, and luxuries are expensive.

The adjustment of compensation to the dentist for his efforts in battling with

Riggs' disease must be upon the plane of the other specialists in medicine who treat the eye, the ear, the nose or the throat. If we cannot rise to this plane (and this may be why many dentists offer no hope of palliation by treatment), then we should retire to the older platform and recommend extraction and plates.

The general health of the patient afflicted with Riggs' disease demands either intelligent and perhaps prolonged treatment and constant watchfulness, followed by persistent hygienic attention, or the other alternative, radical cure by extraction; and we must, as conservators of the health of our patients and in the interests of preventive medicine, plainly state the case to those who come to us for advice. I cannot here point out even the partial and obvious diseases which may result from neglected pyorrhea alveolaris—the sequelæ of Riggs' disease—but the interdependence of the health of organs and tissue upon one another is too well known for us to permit the whole organism to become gradually undermined by this progressive, chronic and curable disease.

Two Pregnancies After Double Castration.

According to *Obstetrics*, Kossmann reports a case in which pregnancy occurred after a double ovariotomy. The patient was suffering with intense bilateral ovarianitis. The tubes were left in situ.

He was much surprised, when, eighteen months later, the husband of the woman called to inform him that his wife was pregnant. In due time the child was born after an easy labor.

Kossmann was certain that no supplementary ovary had been present, as it chanced that this subject is one in which he is especially interested, so that a third one would hardly have escaped detection.

He was not so certain that in placing his ligatures and cutting away the ovaries he might not have left a small fragment of the latter in the stump.

As if to further confound the wisdom of those who would bring about an artificial menopause by double castration, this woman subsequently gave birth to another child.—*Indian Lancet*.

IT is said that the negro enjoys a singular immunity from catarrhal inflammation, but is prone to tuberculosis and syphilis.

THE OPPOSITION TO SANITARY SCIENCE.*

BY BROSE S. HORNE, M.D.,
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History demonstrates that when an effort is made to raise the people above their ordinary life there is always opposition. In this twentieth century the fight will go on, and sanitary science will be called upon to take no small part in the conflict. It is to be hoped that those who are working for the cause will not grow intolerant. We must be patient and hold fast to the truth; intolerance obscures truth, destroys faith, and obstructs the road to success. "If one is absolutely sure of his ground, he can be boundlessly patient and tolerant towards those who stand upon some other ground." We need but do our duty honestly to be excused for our mistakes. As Herbert Spencer says, "It is the duty of every one who regards a doctrine as true and important to do what he can towards diffusing it, leaving the result to be what it may." As advocates of sanitary science we are forced to meet disappointment; surrounded with commercial greed that attempts to destroy all the movements that are intended to uphold the supreme law of health, it appears that some excuse could be made if we at times do grow intolerant.

Appreciating that only a fraction of the good work sanitary science has in store for us has been accomplished, we cannot grow weak, but must say—

"I will go forth 'mong men, not mailed in scorn,
But in the armor of a pure intent;
Great duties are before me and great songs,
And whether crowned or crownless when I fall,
It matters not, so as God's work is done."

When governed by a selfish spirit men will resort to unfair means, and if circumstances demand they will not stop at even destruction of health. It appears that those who have only the gain of money in mind often resort to tricks that are vile in character, and, of course, these individuals wish to keep the people ignorant of what a great blessing hygiene would be to them. The commercial interests of the

* Delivered before the eleventh annual conference of Indiana Health Officers, Indianapolis, Ind., May 27, 28, 1901.

country offer the strongest opposition to sanitary science, for they well know, many of them, that the manufacture and sale of adulterated foods is in direct opposition to the principles of this science. They wish to continue selling deleterious foods and impure drinks; they are no respecter of persons; even the babe in its mothers arms does not appeal to their sympathy. Recently in St. Louis 332 specimens of milk were examined and each specimen was found adulterated. To demonstrate the extent of this criminal practice of adulteration I wish to call your attention to the Ohio Dairy and Food Commissioner's report, which shows the following: Allspice with cocoanut shells; butter with oleomargarine; coffee with roasted hulls of wheat and of barley, crushed pebbles, cocoanut shells, peas, wood, bark, damaged blackberries, rye; out of twenty-two samples of cream of tartar analyzed not a single one was found to be pure.

This is only a sample of what is being done all over the country. We have these conditions to face. Commercial greed stands out prominently before us, ready for a conflict. We must demonstrate to the people that sanitary science works at all times for their benefit. When this is accomplished there will be a reorganization of our social state. Even in this day we can see that "the movement is grinding itself to happy issues." The ordinary observer can readily see that it is the people's welfare that should be looked after, and not an individual's profit. The people become antagonistic to great movements only when they are ignorant of the true cause desired. So the constant demand is for education upon sanitary principles. There can be no question but that ignorance has in the past, and always will, obstruct the ways of progress. People should be taught that, no matter what station in life they occupy, they must lead natural lives. An artificial life leads to disease. The demand, in order to have health, is pure air, pure water and pure food. We know that drunkenness, vice, dirt, heavy labor, want of rest, bring disease and death. These sanitary questions must be considered by the true follower of the science, and if considered they are bound to lead him into the study of economics.

If what we have said be true, it must be admitted that many of the factory and

commercial interests of the country must give way to the onward march of sanitary science before the whole people can receive that which they are justly entitled to—good health.

With all these great questions before us, many, of course, will hesitate to make much individual effort to push ahead or act as leaders, for to do so personal interests cannot be considered, for even in our present day—the embryonic stage—it is common to hear of the crucifixion of all the advocates of sanitary science who chance to get in the way of some progressive (?) manufacturing establishment, which did not care to be compelled to stop emptying poison into the mouths of the hungry multitude. We are sometimes sadly reminded by experience with these people that "sermonizing or lectures on moral philosophy are not what are needed," but laws that will be enforced to punish all offenders, but often after obtaining such laws the "distinguished pleaders defeat justice while establishing points of law."

Give the common people knowledge and chance to assert themselves, and if this is done we need have no fear for the future of sanitary science. Although the people are now ignorant of the great blessings modern hygiene has in store for them, it is not from this source alone the greatest opposition comes, but, on the contrary, we discover the energetic antagonism arises from some of the so-called financial leaders of this country, that have factory interests and under a competitive system they do not wish to have their establishments changed or even have their products analyzed to meet the demands of sanitary science.

One prominent manufacturer made the statement that if a pure-food law was passed and enforced it would ruin business, for the reason that a great many retail dealers throughout the country wanted adulterated foods in order to undersell others, who were their competitors. What is needed in this country, it seems, is to have some system that no longer offers a premium on dishonesty. Sanitary science brings an indictment against this commercial age, and demands for the sake of health and happiness that "commercial cannibalism" be destroyed. Her laws demonstrate beyond disputation that people are being poisoned day by day. She

places the individual who adulterates food or drink in order to satisfy his "pigism" in the same class with all violators of law—a criminal.

In this friendly conflict with these factory owners sanitary science says that it is useless for them to preach contentment to the overworked, unhealthy and much-abused laborer, while they are maintaining an industrial town, furnishing the inhabitants foul air, foul water, adulterated foods, dirt and long hours of labor and providing ill-ventilated and overcrowded dwellings, the impure air of which occasions a languor and sluggishness which lead to functional derangement, produces a profound feeling of depression, and causes the inhabitants of these unhealthy dwelling places to resort to intemperance in alcohol.

With these conditions existing, where we see lives being sacrificed at the altar of commercial greed, the sanitarian is forced to appreciate the great fact that sanitary science is not an independent science, but is a part of the great political science that in the near future will be active in forcing upon the world a system of government that will be a vast blessing to our race. We know it was ignorance and lack of human sympathy that caused the contagious disease of olden times to spread unchecked over the land. So it is with the present system now being followed in this country. It is our hope that soon the day will be past and gone forever when it will be called good politics to oppose the enforcement of laws that have been passed to protect the people's health. We do not want laws that only protect the rich, for "art is always prostituted when it only serves the vanity of the rich;" so it is with laws.

After due consideration we are forced to the conclusion that under our present system of government "adulteration of provisions has everywhere become a social institution," and we have arrived at a period in history where the people must stand by the laws of sanitary science if health is to be considered wealth.

IT is stated that the objectionable excessive perspiration of the feet can be stopped by bathing them with a little formaldehyde in the water.—*Med. Summary.*

ATMOSPHERIC CAUSES OF DISEASE.

BY DAVIS R. EMMONS, M.D.,
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For a number of years my attention has been directed at times to this subject, and though I do not believe I can now or perhaps ever furnish new information of much value, I wish to make an attempt to excite some interest in the subject by the medical profession. I may bring to mind knowledge long since forgotten by most of us, and yet some of it seems to me of vital importance in the healing art.

Why the profession has always given the subject so little attention is not quite clear to my mind. When we consider that atmospheric causes bring a considerable if not a large portion of our work, it is certainly worthy of some consideration at least.

The late Professor Hazen, of the Meteorological Bureau at Washington, said in a letter, which I still preserve, "that he had repeatedly attended State and National associations, and done everything in his power to enlist interest on the part of the medical profession, but always without effect."

No doubt all of us in times of low barometer have felt its depressing effect. An influence so manifest to the strong and well is relatively far more serious to those brought near the great change by disease. In patients suffering from fever or pneumonia it is quite sufficient to cause a relapse, and much oftener than most of us suppose it has decided the battle against us.

One of the first observations I ever made was in regard to vigilance. I learned that when I had a sleepless night all the nervous people in my neighborhood, or all I could hear from, had similar experiences. A moist atmosphere has always been known to favor sleep, but these nights were not always dry, if, indeed, they were often so, and something besides humidity had to be sought for as a cause. Being something of a neurotic myself, I have often been made painfully aware of some things other men would hardly notice. That some other influence operates much more than humidity I have often illustrated.

In the matter of colds or acute bronchitis it sometimes occurred that weeks would elapse without my seeing or hearing of a single case, then some day my office

be filled with people suffering from this trouble. It is often amusing to listen to the various theories they have evolved for having "caught cold." One has been in a church that was too hot or too cold; another refers to some exposure, forgetting he has hundreds of times endured the same without harm; no one ever seems to reflect that the same thing would have occurred no matter what they had done, and that their neighbor has the same difficulty who did not expose himself. Then, too, why should some epidemics of colds be manifest as sore throats (pharyngitis), while in others only the bronchi and nasal passages are affected? These questions may be difficult to answer, but why is it they are never discussed?

At this time (May 12) we are having in this village almost an epidemic of what I am calling acute indigestion. Many children and adults have been taken with vomiting, chilliness, aching, etc. Most physicians and the people seem to think it is all attributable to some article of food partaken of, but a very little investigation shows that no single kind of food has been eaten by many who are affected; but that anything, no matter what, was swallowed a short time before the attack had to come up, and that usually showed it had been but slightly changed by normal digestion. Coincident with the outbreak of this trouble was a thunderstorm, and milk which under ordinary circumstances would have been sweet and good was found to be sour and unwholesome.

It surely does not take a great stretch of imagination to consider that the atmospheric condition which hastened the fermentative change in milk may have started some similar process in human stomachs, which paralyzed digestion, and in some cases perhaps ptomaines were evolved.

It is very rarely indeed that I have seen any such view expressed by medical writers or teachers, and I doubt not but that many will consider me visionary, but let them explain it better if they can. So many things relative to meteorology are as yet unknown and others only matters of opinion that scientific men seem to avoid the subject, and dread to discuss questions that in any way concerns this undeveloped science.

In watching and caring for fever patients whose hold upon life was slight, I have found that certain atmospheric states

may mean everything almost. If I could only foretell when a "low" barometer is approaching, and knew better how to sustain my patient through it, what a help it would be! when I am aware of it, which has often occurred, the cold bath, artificial digestives, alcohol and opium are my best aids. So far as my observations have taught me, the time when the barometer is falling, or just as it starts to fall, is the worst; in a general way, when the storm has commenced the conditions are much improved; a low or rising or high are any of them better than the falling for the sick or well.

I suppose that most of us understand that quantity and perhaps quality of ozone is the cause of the trouble, and that the amount of ozone is largely regulated by the electrical state. I am sure that some unusual electrical state exists in some of these waves that brings sickness. I have demonstrated that to my own satisfaction at least. It also seems to me that this electrical state has more to do with the trouble than has ozone.

I understand that most meteorologists attribute to electrical influence the origin of all our storms, and if it has enough influence to initiate storm waves we can surely allow that it may make such changes in the atmosphere as to greatly affect its healthfulness. Bee men have informed me that just before most storms there is an enormous increase in the amount of nectar secreted by flowers; perhaps it is only the chemical change into glucose making it available for bees, but, be that as it may, if it is capable of any such effect in the vegetable kingdom, is it not reasonable to expect some analogous change in the animal? Indeed, to me it has sometimes seemed to inhibit all normal secretion, and positively initiate abnormal catarrhal or inflammatory processes. A fact which makes observation difficult is that storms differ exceedingly in the amount of change they produce, and the really dangerous period is so far in advance (usually from thirty-six to forty-eight hours) of the storm that attention is not directed to it. If any difference in the growth of pathological cultures at different times is ever observed by bacteriologists I am not aware of it.

This very brief exposition is thrown out as a feeler. If more is desired I guess it can be had, if too much is not called for.

AN OUTLOOK.

BY H. H. SPIERS, M.D.,
RAVENNA, O.

To one who travels the northern portion of our country and sees the boulders scattered here and there—some large, some small, all rounded as if by gradual attrition and continuous movement—he is led to inquire, whence came these, and what cause can be assigned? It was the observation of these and similar data that led to the glacial theory, now generally adopted by scientific men. But what caused glaciers in this latitude? Evidently, it was change in climate, but in the attempt to explain this man is baffled at every step.

Thus it often is in the elaboration of any theory. In science as in religion we see through a glass darkly, and yet we see. To the physician who has sat by the bedside and ministered to the wants of his patient in the dread disease tuberculosis, and witnessed a decline more apparent day by day, though steadily laboring to combat symptoms, he is led to inquire, why this dark blot on present civilization and just stigma to medical science?

It is this and similar observations which has led to various theories of the disease. One sees symptoms in tuberculosis which are distinctly nervous, and he declares it a disease of the nervous system. Another, as he travels, beholds germs or vegetable growths in all tuberculous tissue; to him these cause the disease; he at once formulates and advocates the germ theory.

The writer plainly asserts he is not satisfied with either theory. Perhaps it is because he has one peculiar to himself. Some people are built in this way. They are satisfied with nothing unless it conforms to their ideas. Be this as it may, the writer gives his theory gratis, and the reasons are accompanied therewith. What more can be asked? We speak plainly, it is not our purpose to unjustly judge any theory, but to give as best we may our reasons for discarding the same. In doing this we do not arrogate all knowledge to ourselves, but we speak in order to be clearly understood.

If the disease tuberculosis be of nervous origin on account of the nervous symptoms, why not in the same breath declare it of muscular origin on account of the muscle wasting seen in every case? It

seems to the writer this would be just as consistent. One thing medical men should know: An attendant symptom is not necessarily a cause of disease. Every disease has symptoms peculiar to itself. Symptoms correctly observed render the diagnosis clear. But watching symptoms is not determining the cause of disease.

If germs alone truly cause tuberculosis, if the germ be ubiquitous, as most writers claim, why do not all take the disease? Why do any escape? If true, the result is marvelous in the extreme. Herein is the greatest fallacy of the century.

It is assumed that the plant tubercle bacillus is a parasite. *It is a parasite only in the sense of its growing on an animal already diseased.* It never grows on the healthy animal. This was pointed out many years ago, and has not been successfully refuted. Where are our living germ theorists? Living germs are abundant.

One thing must be evident to every unbiased mind: A plant cannot grow without a proper soil. Whence comes the soil? The germ theorist assumes the tubercle bacillus grows indifferently in any soil. The writer thinks *this is no such thing.* In every case the soil must be prepared. Oftimes, no doubt, it is prepared unwittingly, but preparation, as the seed, alike is requisite. This all must learn.

In many ways the soil is analogous to the soil of the farm or garden. As is well known, all soils are not alike productive. Some must be rendered fertile; some need great care in preparation; some are but waiting for the seed. Each soil needs its particular care or attention. This the wise farmer learns from sad experience. So, in tuberculosis as with greatness, some are born great, some achieve greatness, and some have greatness thrust upon them. Some inherit a soil, some acquire a soil, and some have a soil thrust upon them. In tuberculosis this may seem strange, startling and discordant, yet it is nevertheless true. It is the discordant note in this disease that renders the harmony more complete.

My attention was early called to law in tuberculosis. What is meant by law? Plainly speaking, law is uniformity of action. Wherever uniformity of action is seen there must be law. Examples: A drop of water undisturbed assumes a globu-

lar form—law; the moon revolves around the earth and the earth around the sun in regular periods of time—law. In the higher mathematics should we demonstrate that planets pass over equal areas in equal times we prove a law. Law is an order of sequence. Should the same thing occur year after year without variation this is law. My office rent is due every six months. This is the law of the firm. Of this we are conscious. The physician should adopt just such a law, only made monthly, some think weekly.

Laws may be divided or classified as known or unknown. Known laws are accepted without question, or should they be questioned, may be verified. Unknown laws are discovered like planets, and after discovery may be seen by those having eyes or intellect. "Seeing is believing." They then become known laws.

A word in this connection: To the average mortal mathematics is dry and uninteresting. The writer has a fondness for this particular study. At college in this branch he was excelled by none. Some think mathematics of little value. A distinguished language professor said to his class this year: "All we need of mathematics is to be able to break a five dollar bill properly and receive the correct change." Is this true? Would it not be nearer correct to speak of language on this wise? "All we need of language is to be master of our own." But we confine our remarks to men writing for the medical profession alone. Allison Drake, on "Twentieth Century Medicine a Liberal Education," in the *Colorado Medical Journal*, speaks of the "the legerdemain of algebra," and "the incapacity of professional mathematicians for dealing with problems of mixed uncertainties as notorious."

The writer thinks if we are truly dealing with problems of mixed uncertainties, the legerdemain of algebra is just in place. But where do we find such problems? In that book of formulas known as analytical geometry, which requires a knowledge of algebra, geometry and trigonometry; no legerdemain or mixed uncertainties are found. Remember, these formulas are used in calculations, as calculus, etc., which are very accurate. "Be not deceived." True, some professionals are so merged in their calling they know little else; this, however, is just as true of musicians, me-

chanics, etc., as of mathematicians. Let no sane man decry the accuracy of mathematics. Mathematics alone is *the exact science*.

The truth of the matter appears to be this: Whatever trains the mind to comprehend clearly and reason accurately should be used in the preparatory education of the physician. Mathematics in the training of the reason is transcendent; at the same time he who is most familiar with other languages is most master of his own. In medicine one should alike be master of language and reason.

We said our attention was early called to law in tuberculosis. We also said we are extremely fond of mathematics. In conning the authorities we find no one dies of tuberculosis in the frigid zone. Why? Do they all freeze? No one lives there? Please let this pass at present. We are seeking law.

We put down at once what is given by standard medical authorities. It reads as follows:

TUBERCULOSIS.

Zone.	Death-Rate.
Frigid.....	o.....
Torrid.....	Small.....
Temperate.....	Great.....

We then seek reasons for the above, and in so doing liberally consult the authorities. It excites one's risibility to think of some of the reasons given. Take the frigid zone in illustration. One author finds as a reason for the zero death-rate in this zone that the people eat a vast amount of fat meat. Hence, the remedy in any climate —cod-liver oil, glycerine, cream, etc. Just reflect one moment. More fat is eaten per capita in the temperate zone than in the torrid zone, yet the death-rate is larger; so that in giving this reason there is neither law nor common sense.

Another, a germ theorist, finds the reason very simple. The climate is so cold the tubercle bacillus is frozen. Hence, the remedy is to cook the bacillus *in situ* and cure the disease in any climate. The writer passes this man by by calling him a *very simple reasoner*.

After long consultation and many sleepless nights we found a something that fills the vacancy. My readers have probably heard of it before, viz., suspension of atmospheric influence. We now fill this vacancy and ask all readers to look:

TUBERCULOSIS.

Zone.	Death-Rate.	Suspension.	Ratio.
Frigid.....	o.....	o.....	1
Torrid.....	Small.....	Small.....	1
Temperate.....	Great.....	Great.....	1

Please notice the regularity. Webster says whenever a regularity is traced, law must exist. A law is formulated. In tuberculosis the ratio between death-rate and suspension of atmospheric influence is always constant. We prefer the following construction: The death-rate from tuberculosis is in direct ratio to suspension of atmospheric influence. Take your choice; they are the same. Let us see if this law holds good in its practical application. The proof of a pudding is in the eating."

The first column, under death-rate, is standard authority, and, so far as the writer knows, has never been called in question. The second, under suspension, is our own, and, of course, is debatable. Let us see—no suspension in the frigid zone. How do you make this appear? The houses or huts are made of snow or ice. Suspension in such huts is an impossibility. In snow the interstices are filled with air, and where there is an abundance of air there can be no suspension; ditto in ice, though not so great. The dry atmosphere of a cold climate keeps this air contained in these meshes or interstices in constant circulation. Writers who have lived in this zone tell us under these circumstances it is impossible for one to take cold. Taking cold, I apprehend, is not clearly understood.

How about small or little suspension in the torrid zone? With few exceptions the life is wholly in the open air. The climate is hot and arid as a whole, and permits or allows this. Were the inhabitants of this zone as cleanly, and, in fact, as civilized as in the temperate zone, the writer sees little reason why tuberculosis could not be eliminated entire.

What reason is assigned for the great death-rate in the temperate zone? In this zone the reasons are multifarious. Our life, for the major part, is an in-door life, i.e., is in inclosed buildings; these are oftentimes but ill-ventilated. Life in the open, at best, is only for a few days in the year. While the fathers and sons live for the greater part in the home, the mothers and daughters live almost exclusively in the home. Vast numbers live in

the shops and factories; these are poorly ventilated and filled with dust and smoke. This dust and smoke in the lungs prevents a perfect aération. Add to this the consumption of gas or fuel which abstracts oxygen. These factors are constantly at work, viz., indoor life, impurities in the air, lessened amount of oxygen. Remember, also, such factors as these: Thickened lung tissue from changeable temperature, etc.; heredity, in that there is deficient lung tissue, capacity, etc.; heedlessness, in that there is ignorance of the true cause of disease. Hence, the great death-rate is caused by great suspension of atmospheric influence.

In December, 1890, the author published an article in the *Cleveland Medical Gazette* in which occurs the following: "Nature controls tuberculosis beyond the polar circles; nature controls in great measure tuberculosis within the tropics. *Nature is doing all she can for us.* Can we help her? I believe we can; that the day is not distant when tuberculosis will be banished from our midst."

A law is given in tuberculosis—as we prefer to call it, *the law of tuberculosis*. This law is more fully explained in the author's booklet, "Tuberculosis or Consumption," second edition, copies of which have been introduced in nearly every State and Territory in this Union. The writer is aware this law is an innovation. In medicine, as in kindred sciences, innovations arise. We trust this one will lead to a more clear comprehension of this most deadly disease. To the author it is not distinctly new. Eleven years ago it was written on a blackboard and presented to the Portage County Medical Society. Some of the members of said society are yet living; others have passed to the great beyond. The law is presented in all sincerity. The writer knows whereof he speaks. He is assured.

Notice the working of this law as seen in animate nature around us. No wild animal has tuberculosis. Why? No suspension of atmospheric influence. Domestic animals have tuberculosis. Why? Suspension of atmospheric influence. Of animals dying of this disease which have the greatest proportional fatality? Those having the greatest suspension. Which the least fatality? Those having the least suspension.

Again, in treatment. What remedy is

of most avail in any stage of the disease? A life in the open air—removal of suspension. What can be said of incurable cases? *The suspension cannot be removed.*

Notice the law: The recovery in tuberculosis is in direct ratio to removal of suspension.

We have read recently of discoveries made by Drs. Robin and Binet, of France. Whatever discoveries may be made along this line we feel assured they will not invalidate the law as given. The law deals with facts as observed in nature.

NEARLY BLOODLESS CÆSAREAN SECTION.

BY P. D. COVINGTON, M.D.,
BELLEFONTAINE, O.

There seems to be a pretty general impression that in Cæsarean section, from the time the uterus is touched by the knife until it is emptied and contraction secured, very free hemorrhage may be expected. In a case on which I operated recently no such bleeding was permitted to occur.

Mary T., aged twenty-nine, white, mult. Three prior bad labors. No living child. Was called to her February 16. Found her having a bad hemorrhage. Six and a half or seven months pregnant. Diagnosis, central placenta previa. The hemorrhage ceased and did not return until April 14. As soon after that as I could induce her to do so, she went to the Hamer Hospital and we began preparing her for the operation, which was set for the 18th. But on the morning of the 17th another alarming hemorrhage compelled immediate action. She was hastily anesthetized, and with the assistance of Drs. Hamer, Stinchcomb, Carrie Richeson, Pool and Kitchen the operation was performed.

The abdominal incision, about seven inches long, was made just far enough from the median line to miss the umbilicus on the one side, and avoid opening the sheath of the rectus on the other. A uterine incision about six inches in length was rapidly made down to the membrane, which I merely punctured with the knife at the lower extremity of the incision, and inserting a finger tore the membrane to the top of the incision. This can be done more quickly than the membrane can be

cut, and with much less danger of wounding the child. Lifted the child out by the feet, clamped the cord in two places with artery forceps, cut between them, and handed the child to a nurse, and at once applied my hands, one on each side of the lower half of the uterus, so as to make pressure on the part to which the placenta was attached, while at the same time my fingers were compressing the parts of the broad ligaments which contain the uterine arteries. It was not necessary to feel or hunt for those arteries. Any man who knows enough of anatomy to justify him in doing a laparotomy can, when the abdomen is open, at once so place his fingers that he knows the uterine arteries are under them. Dr. Carrie Richeson made pressure on the abdominal wall so as to keep it closed against the uterus and around my hands. Placing my hands on the sides of the uterus in a position to control the uterine arteries and the placental site, and beginning pressure to dislodge the after-birth was the work of perhaps one or two seconds. The moment those points of danger were within my grasp, Dr. Hamer proceeded to take out the after-birth, and to put in a row of interrupted silk sutures, including the muscular wall of the uterus but not the peritoneum. The uterus being under firm but gentle compression, no bleeding worth mentioning occurred, and by the time the last stitch of the deep row was tied the organ had contracted to a hard ball in my hands, and the danger of hemorrhage was over. The uterine peritoneum was closed with interrupted silk sutures and the parietal peritoneum with a continuous cat-gut. Deep silkworm-gut, with a few superficial cat-gut sutures, closed the external wound. The abdominal dressings were not changed until the sixth day, when the wound was found entirely closed. She has been for several days going about the wards of the hospital, and her recovery seems complete. The baby is a fine large boy, and is apparently in perfect health.

This method of preventing hemorrhage by manual compression over its sources may not be available in all cases. With the placenta differently located the hands would have to be differently placed. And when the uterine contents were septic it might require careful manipulation to keep them out of the peritoneal cavity. Nevertheless, a procedure which reduces

hemorrhage in Cæsarian section almost to zero may have some interest for the readers of our welcome weekly visitor, the LANCET-CLINIC.

APPENDICITIS.

BY JACOB M. HALL, M.D.,
DAYTON, O.

Very few, if any, diseases of the present day deserve more the attention of the general practitioner of medicine, and surgeon as well, than affections pertaining to the appendix and the viscera in its neighborhood. Having had a case of this nature the present month, it seemed to our mind that a report of it would, no doubt, prove an item of interest to the many readers of your very interesting, valuable and practical journal.

On the night of May 1, we received a very urgent call to visit a Mr. F. R.—, of our city. We were not very long in reaching the house of our patient, which we found full of kind and sympathizing friends and relatives, and on entering his room it was easy to see that he was suffering very severely from an ailment of some sort, and a bedside examination gave the following history and symptoms: Mr. R., aged twenty-seven years; occupation, clerk at the National Cash Register; good parentage; temperate; good habits; in fair condition; had been under the treatment of another physician; had been suffering for a few days prior to our visit. We learned his condition began with pain and tenderness in the right iliac fossa, and along the ascending colon, and my examination revealed a lump the size of an orange in this region. The bowels were greatly constipated, and had been since the outset of the attack, which, luckily for the patient, did not respond to the quickening medicines which had been given by mouth. He also suffered much with local pain and tenderness. The temperature showed 102° at 8 A. M., 103° at 12 M., and 104° at 4 P.M., and, pendulum-like, the thermometer swung back and forth, touching those figures at the hours named for the next four days. He was very restless, with almost constant nausea, but no vomiting, accompanied by sinking spells, which returned every thirty or forty minutes, each spell lasting from three to five minutes, evincing great depression of the vital powers. There was

now much tenderness all over the lower right side, due, do doubt, to some peritonitis.

Having learned this much about my case, I began my treatment as follows: All quickening medicines by mouth were at once discontinued. He was given a thorough rectal purge, which brought away a big answer. This was followed by small doses of morphine, often enough to control pain, and in conjunction with five-grain doses of phenalgine, every four hours, to lessen fever and restlessness. Locally, hot onion poultices, alternated with scorched salt, as warm as could be borne, were kept to the lump constantly. For diet a tablespoonful of sweet milk was given every half hour. Very little cold water, constant confinement to bed, make up about the sum total of form of treatment.

Thus, with the high temperature, as above stated, restlessness, nausea, suffering, sinking spells, thirst, etc., our patient went on without change until the fourth day of treatment, when a turn for the better took place. The fever dropped down to 101° , the tenderness began to subside, and the bowels moved with the aid of only a small injection, thirst not so urgent, and, with all other symptoms of improvement, gave hope of a favorable termination of our case, and on the seventeenth day of treatment the patient was able to sit up in a chair, and complained of no pain. Bowels natural, and all swelling and soreness had almost disappeared from the abdomen, and his strength, considering his starvation diet, was fairly good. On the twenty-first day from my first visit my patient was allowed a light general diet, and discharged cured. Today he is walking around town (the National Cash Register Co. having closed down on account of the strike), and says: "I am as good a man now as I ever was."

This case, prior to my first visit, as stated before, had been under the treatment of a good, competent, and respectable physician, who, with a surgeon, had both advised immediate operation, consequently I deemed this a good case to report, as well also as one of much clinical interest to the profession at large.

PILOCARPINE is useful in the treatment of inebriety.—*Med. Summary.*

NASAL SURGERY.

Illustrated.

BY B. MERRILL RICKETTS, PH.B., M.D.,
CINCINNATI.

PHOTOGRAPHS NOS. 1 AND 2.

Taken at the age of twenty-two years.
No syphilis or tuberculosis. Condition



No. 1.



No. 2.

due to non-erupted left incisor tooth.
Necrosis began at age of sixteen years.

PHOTOGRAPHS NOS. 3 AND 4.

Taken seventeen days after operation.
A flap taken from each cheek. Nose
somewhat swollen and elongated. A
wedged-shape piece taken out pointing



No. 3.



No. 4.



No. 5.

downward thirty-five days after operation
to shorten nose.

PHOTOGRAPH NO. 5.

Taken one year after operation. The
white cicatrices are not shown in this
photograph, possibly because of their
color; may be the artist erased them.
Patient died several years after operation
from typhoid fever.

**Syphilitic Gummata of the Spinal Chord
Treated Successfully by Very Large
Doses of Iodide of Potash.**

Dr. Francis Wayland Campbell (*Canada Medical Record*) says that potassium iodide was pushed to the limit of five hundred grains a day, commencing with a drachm a day and increasing each dose by thirty grains daily. It was given in Vichy water, two bottles daily, half a dose being dissolved in the contents of each bottle, and used as a drink. Five hundred grains daily was taken for fifty-eight days, when it was gradually reduced. This case is of particular interest on account of the enormous doses of potassium iodide which the patient took, and, so far as the writer of the paper could learn, no one in Canada had taken such enormous doses.—*Indian Lancet.*

MEMBRANOUS ENTERITIS.*

BY MARK A. BROWN, M.D.,
CINCINNATI.

Mrs. W., aged twenty-eight, married, well developed and apparently well nourished. Duration of her trouble about nine months. Chief complaint attacks of severe colicky abdominal pain, followed by the appearance of mucus in the stools. Previous to an attack usually the bowels were constipated, while immediately following diarrhea supervened for several days, often accompanied by tenesmus. Gastric symptoms, such as anorexia, nausea, eructations and a sense of burning pain in the stomach always accompanied these attacks. Vomiting, too, was almost always present, and often fever of a mild grade. The duration of each attack was from four to five days, followed by a period of about two weeks during which she felt quite comfortable. In all she had lost between forty and fifty pounds in weight; as her weight previous to the onset of her disease was in the neighborhood of two hundred pounds, she did not appear to one seeing her for the first time as in any way emaciated.

Physical examination of heart, lungs and abdomen was entirely negative aside from slight tenderness in the epigastric region; there was no abdominal distension. Digital examination of rectum negative. Uterus slightly prolapsed. She was unaware of any trouble with the genital organs, and was not informed of this latter condition at this time.

Stools (during time at hospital) were not more than one or two a day, usually coming with enemata, consisting of fecal matter and mucus, the latter appearing in the form of strings (casts) a foot or more in length, or in small masses or clumps (the latter condition particularly after the use of nitrate of silver injections). These masses were shown to be of mucus by means of the Ehrlich triacid stain (treated with sublimate alcohol and triacid stain, green color). Under the microscope the fibrillary nature of the deposits, together with the nucleated cells with tail-like extremity (resembling spermatozoa), could be readily distinguished.

She was sent to the Presbyterian Hospital, put at complete rest in bed, upon a

light, almost a milk diet; indeed, the complete anorexia present prevented her from taking food unless urged to do so. Nitrate of silver injections in the form of high enemata, eight grains to the quart, were ordered every other day, the nitrate to be increased one grain to the quart at each injection. On the alternate days injections of 1 per cent. boracic acid solution were used. Previous to giving the medicated enemata the bowels were flushed out with the simple high enemata. She declined the usual hypodermic of one-fourth grain morphia usually given, and declared that the pain was not severe. Under this plan of treatment the mucus appeared in increased quantities in the stools, though, as before stated, in small masses rather than as casts. After a ten days' trial this plan was abandoned entirely and daily hot injections of olive oil substituted. She was given these late in the morning or in the early afternoon, and was able to retain them without discomfort for from twelve to twenty-four hours, remaining at complete rest in bed during this time. Improvement was immediate under this plan; in three days no mucus could be detected in the stools, and in a week she was discharged from the hospital practically well. She was then sent to the country, so that she could get the benefit of country air, food and exercise. The enemata were ordered continued daily for ten days, then every other day, and every third day for a similar time, then twice a week, once a week, and finally at even longer intervals. About three months had elapsed since the inauguration of this treatment when I next saw her, and she had not had the slightest trouble with the gastro-intestinal tract during that time, nor has any mucus appeared in the stools. Her appetite had returned; to her dismay, her weight had steadily increased, and in every way she felt perfectly well.

The introduction of this olive oil method of treatment we owe to Kussmaul and Fleiner. In spite of the fact that seven years have elapsed since the publication of their article upon the subject, text-books have either ignored it altogether or given it a line or two in a way deprecating enough to at once condemn it, while pages have been written on the use of astringent injections, which, as far as can be learned, never proved of the slightest use in the hands of any one. It was only as a last

* Presented at the Academy of Medicine of Cincinnati, February 25, 1901.

resort that olive oil was used in this case, and the surprise of the physician was even greater than the satisfaction of the patient. During the last year Einhorn has published his work on "Diseases of the Intestines," and he has advocated the olive oil as the only treatment of the slightest avail. He has gathered numerous successful cases in his own and in the practice of others, and it is certainly not from want of favorable reports that textbooks have avoided mention of this valuable therapeutic remedy in a disease that has heretofore practically defied treatment. The treatment is empirical in the sense that we do not know just how the oil acts. Einhorn suggests that "by means of the oil the intestine is not left in an empty condition during the night, and thereby is avoided the spasmodic contraction which must be regarded as one of the principal factors in the formation of mucus."

One other point as regards predisposing etiology: The great stress laid by the authorities upon a neurotic or nervous temperament. The patient reported here was, as far as could be determined by her words and actions—and she was watched very closely—free from any neurotic taint. She was ready to submit to anything to bring about an amelioration of her symptoms; the fact before mentioned, that even when explained to her that the Ag. No3 injection might prove very painful, she refused morphia, is significant. Far from the querulous complaints of neurotic patients, she was at all times cheerful, and pleased with such attentions as could be shown her by her nurses.

Coryza.

Local treatment for coryza is essential after the contraction of the cold. In making such local applications the nasal mucous membrane should first be slightly sprayed by a 2 per cent. solution of cocaine, a very few whiffs from an atomizer. Then the nose should be thoroughly cleansed by spraying with Dobell's solution, the head being tilted backward to allow the solution to cover completely the floor of the nose.—H. B. Wood.

SULPHIDE of calcium in doses of a tenth of a grain should not be overlooked in the treatment of boils, carbuncles and abscesses.—*Med. Summary.*

IS THERE AN INHERITED TENDENCY TO APPENDICITIS.

BY WM. H. DE WITT, M.D.,
CINCINNATI.

I think this question can very properly be propounded, and from my own personal observation answered affirmatively.

In following up the histories of a number of cases that have fallen under my observation within the past four or five years, the conviction has been forced upon me that there is in a large percentage of cases an inherited tendency to this particular disease; not that the disease is transmitted any more than insanity is transmitted, but that certain anatomical or structural peculiarities are handed down that render the individual more or less prone to these attacks.

I have now in mind a family in whom three members were attacked, all unmistakable cases of appendicitis. The first case died after an illness of about one week. Several years later a sister and daughter developed the same trouble, both recovering, however, without operation. The sister, to my knowledge, has had three well-defined attacks. The last being unusually severe, a prominent surgeon of the city was called in consultation with the view of an operation, but the patient point-blank refused to submit to surgical interference. She made a slow, but very happy recovery, without the aid of the knife, as I firmly believe many of these cases do.

I could, if necessary, cite other cases quite as prominent as these in which there would seem to be quite as prominent a predisposition to the disease. To me the subject is quite an interesting one, and I would be glad to learn of the experience and observation of others.

Fatal Hydatid Intoxication.

At a meeting of the Society of the Hospitals, M. Dufour (*La Tribune Medical*) reported the case of a patient who had fallen a victim to toxic manifestations six days after the puncture of a hydatid cyst. There was urticaria before and after the operation. The cyst was large, having invaded the pleural cavity, and macroscopically destroyed the diaphragm, but a few traces of which could be found under the microscope.—*Indian Lancet.*

Correspondence.

THE TUBERCULOSIS BRANCH HOSPITAL.

CINCINNATI, June 1, 1901.

Editor LANCET-CLINIC:

Among other remarks made at the lunch following the inspection of the Branch Hospital, on May 16, the Chairman, Dr. A. B. Isham, stated that the tuberculosis hospital at the Branch was the first *public* hospital for tubercular diseases established west of the Alleghenies, and that Cincinnati was therefore the pioneer in this work in the West.

This statement created much astonishment among those present, and yet, while it is literally true, it does not express all the truth, for the fact is that the Cincinnati Tuberculosis Branch Hospital is the first hospital in the United States established for the exclusive care of tubercular patients, and supported by public funds exclusively.

This hospital was opened in 1897, its first patients being received July 8, 1897.

The Massachusetts State Hospital for Tubercular Diseases was opened in 1898, and its first patients received October 3, 1898.

New York State is now building such an institution, but it is not yet completed, and the city of Chicago is also just beginning the work.

Cincinnati has therefore again taken priority in medical progress.

In 1819 the first medical college west of Philadelphia was established here, and in 1821 the first hospital and the first insane asylum, under the title of the "Commercial Hospital and Lunatic Asylum for the State of Ohio," it being a combined hospital, insane asylum and poor-house or infirmary.

After the establishment of the city infirmary in 1856, and the removal of the insane to Longview about the same time, the title was changed to "Commercial Hospital of Cincinnati," and later to "The Cincinnati Hospital."

Cincinnati was therefore the birth-place of medical education in the West, and the place of beginning of our present great State insane hospital system, which, with the epileptic and feeble-minded depart-

ments, now cares for more than ten thousand unfortunates.

We can therefore feel an exultant pride over the fact that in the creation of our municipal tuberculosis hospital, a branch of the Cincinnati Hospital, our city again is the pioneer in medical progress, and that our tuberculosis hospital is not only the first in the West, but the first in the United States, and probably the first in the Western Hemisphere supported by public funds.

Of course, there were many private institutions earlier in this country, East and West, and in Canada and South America, as well as in Europe, but in the previous remarks I refer to institutions under either State or municipal control, supported by public funds. Even in the Massachusetts State Hospital to-day more than two-thirds of the patients pay a small fee (fifty cents per day) for their care and treatment, and the expense of the charity patients is charged back to the towns from which they are sent, so that while under the control of the State, the expense of operation is largely paid by the patients themselves, the State providing for construction and maintenance of buildings and part of the operating expense, and that institution is not therefore a free charity hospital such as the Cincinnati institution is.

The segregation of all tubercular patients would have a tremendous influence in reducing the spreading of the disease, and in a few years might well-nigh exterminate it.

While as yet the universal practice of the sanitorium treatment of this disease is impracticable, we should strive for it as far as possible, and therefore the payment of fees by the patient should not be allowed to stand in the way of as near an approach to it as we can attain. The payment of expenses by State or municipality will be an investment that will pay a profit beyond computation.

The oldest institution for consumptives is the Brompton Hospital in London, founded in 1841. Like the other British institutions for this disease, it is, however, a "hospital," and not a "sanitorium," and while well built, well ventilated, and well arranged, they all lack the extensive verandas, solariums and facilities for "rest-cure" that are so important.

Germany has the credit of establishing

the first sanitorium for tubercular patients. It was founded in 1859 by Dr. Herman Brehmer, at Gorbersdorf, Silesia, at an altitude of 1,840 feet, amid hills and splendid woods, its numerous buildings surrounded by parks and gardens. There are music-rooms, parlors, libraries, numerous douche and bath-rooms, galleries for the rest-cure and a beautiful winter garden for use in bad weather. This institution has been the model upon which hundreds of sanitoriums have been constructed since all over the world. High altitude being known to be of value, we find the mountain lands of Silesia, Saxony and Switzerland to contain very many at elevations of from 1,400 to 3,000 feet above the sea. Space forbids even a list of such institutions, but they are found in Germany and Switzerland in large numbers, and many in France, Norway, Denmark and Russia, as well as England, Scotland and Ireland, at least one in Italy and several in Holland.

Through the United States, Massachusetts, New York, Pennsylvania, Colorado and New Mexico are the leaders, while Alabama early started a special convict camp for tuberculous prisoners. The U. S. Army and U. S. Marine Service tuberculosis hospitals in New Mexico are well known. Canada, Australia and even Japan are also in the list, and some small institutions are begun in the high lands of South America. Argentine, Bolivia and Paraguay ought to be the future health resort of the well-to-do class, and still further in the future the high dry table lands of Bechuanaland and the eastern part of German South-West Africa.

But to persons of only moderate means all these places are inaccessible, and it is agreed that as the disease can be cured in any climate in a fair proportion of cases, those who must work for a living must be cured in that home climate in which they must afterward live and work; therefore, States and municipalities must furnish such sanitoriums as Cincinnati has provided.

Dr. Trudeau's sanitorium at Saranac Lake, N. Y., for the tuberculous poor, was the first in the United State of this class, and marks an epoch in the work, but is supported by private subscriptions and partial pay by the inmates.

The States and municipalities must take up this work. The money expended will prove a most profitable investment.

The experience in the German State invalidity insurance companies, which insure laborers and servants from sickness, shows that by the careful supervision of the insured members and the sending of them, at the first indication of the disease, to one of the sanitoriums, the percentage of cures reaches nearly 80 per cent., fully twice that of the private patients in the same institutions who do not start promptly, but delay until the disease is of a graver character. An ordinary life insurance company will not insure persons with a tuberculous family history, but the experience of these German companies is that a payment equal to about fifty cents per month from the birth of a child, with interest, provides a sum sufficient to care for all the cases appearing among such risks, provided the means are provided to promptly place the individual in a proper tuberculosis sanitorium on the first appearance of the disease. These companies pay all expense in these institutions and such death losses as occur, and are in a prosperous condition, so much so that the membership in these companies is increasing at a tremendous rate.

Ohio has no high lands in the proper sense of the word, one thousand feet being about our limit, but that is sufficient, and the location of our Cincinnati Branch is very near the top. The U. S. topographical survey map shows that our location is as high as College Hill, Pleasant Ridge and other points that claim to be at the top in southern Ohio, while Summit County and Crestline, etc., in north-eastern Ohio are not much higher, if at all.

We therefore have the proper location, excellent buildings, and comparative freedom from political control, so that the future of the Cincinnati Branch Hospital for Tuberculosis ought to be a bright one.

The only criticism of importance that can be made upon the construction at the Branch is that the sewage should not be allowed to flow away in a surface creek as it does, but there should be built a "sewage filtration bed system," so that all contagium may be destroyed and the natural water course left uncontaminated. This is also the proper and only feasible plan for abatement of the horrible nuisance created by the Bloody Run sewer, near Hopkins Avenue, between Avondale and Norwood. Nothing is gained by extend-

ing the sewer; it must have an end somewhere. Sewage disposal beds destroy all organic matter completely and liberates a pure, limpid water, absolutely free from poisonous character of any kind.

Let the Hospital Trustees set an example of further sanitary progress by establishing filter beds at the Branch, and we may then look for reform in the sewage system of all the suburbs that are now poisoning our water supply at a rapidly increasing rate. Respectfully,

FRANK W. HENDLEY, M.D.

ECHOES FROM THE KENTUCKY STATE MEDICAL SOCIETY.

LOUISVILLE, KY., June 1, 1901.

Editor LANCET-CLINIC:

The Kentucky State Medical Society convened in annual session on the 22d, 23d and 24th days of May, in our city, under favorable and auspicious circumstances. The weather seems to have been ordered for the occasion, as it was delightful. The place of meeting, the Scottish Rite Cathedral, is well adapted for such a gathering. The acoustic properties of the audience-room are well nigh perfect. The large room back of the audience-room is well calculated for the display of medicines and surgical instruments, of which there was a large supply, especially so for a State meeting. The attendance surpassed in numbers any meeting in the history of the Society. The house was well filled, even upon the last day of the meeting, which is something unusual for medical societies. The membership of the Society was increased by about a hundred, certainly a good showing.

Dr. Letcher, of Henderson, the President of the Society, presided with dignity, impartiality and pleasantly.

Dr. Steele Bailey, of Stanford, was in fine mettle, and, as usual, had a pleasant word for every one. He was ready to take your money, advise you, or give you information.

Dr. Shoemaker, of Morganfield, was there with his four hundred pounds avoirdupois.

Dr. Raddish, of Somerset, the story-teller of the Society, was there with his three hundred pounds, and every pound bubbling over with wit and humor.

Dr. Lewis the Good, of Georgetown, was there with his six feet four, and every inch a genuine doctor.

Dr. Yager, the exhorter, was there with his four score years, and ready to speak or exhort upon every subject.

The youth Dr. Greenley, from Meadow Lawn, was there with his eighty-three years, who has never missed a meeting of the State Medical Society since its organization; neither has he missed reading an instructive paper to the Society. He was deservedly honored by being elected President for the ensuing year.

Father J. N. McCormack, Secretary of State Board of Health, was there with his words of wisdom for the benefit of the physicians of the State.

The representatives of the various medical colleges were there in abundance, with their freshly-pomaded hair, their sweetest smile, and their honeyed words of welcome.

The medical politician was present to some extent. We also had a few of the officially-offensive doctors—those who had a great deal of passing back and forth on the stage to do; those who had many whispered conferences with the President and Secretary, sometimes calling them back behind the scenes, as though the matter was of such importance that it would not keep until the close of the session. The uncomplimentary thought passed through my mind that these sputterers were very much like water thrown upon a hot, greasy griddle.

"O wad some power the giftie gie us
To see ousrels as ither see us,
It wad frae mony a blunder free us
And foolish notion."

The President's address was able, learned and historical. The theme was "Prominent Old-Time Kentucky Surgeons."

The popular address was by Mr. Young E. Allison, a newspaper man. It was boiling over with wit and humor. One illustration: He said "Job was a very sick man; he just had everything; he believed that the cause of all his illness was grip." I think he might have added, complicated with appendicitis. But he said "there were no doctors at that time, and Job got well." He said, further, "that the skill and great knowledge of the profession was exhausted in trying to save the principal lady of the land at San

Francisco recently, and she had reached the brink of the grave when a little salt and water saved her life."

The papers read before the Society, I think, were superior to the average of papers usually presented; they were of a higher class, and the discussions of the papers were spirited and intelligent.

There was quite a sprinkling of ladies attending every session. There were many entertainments for the visiting physicians and their ladies, principal of which was an excursion up the river on Thursday night. There was a lunch given to all and a smoker to the doctors.

One new and important representation which I have never seen at any other medical society was a very large and fine display of pathological specimens. There were between three and four hundred of these, plainly labeled and described. They attracted a great deal of attention, and were truly instructive.

There were, as usual, a number of candidates for President for the ensuing year. I was told that four from the city were striving for the position, and some sixteen or twenty who would not refuse it were it forced upon them. How many there were from the rural districts I was not informed. A compromise was made by electing Dr. Greenley, who has been living thirteen years upon borrowed time, but is still hale and active, and will make an exemplary presiding officer.

Paducah was selected as the next place of meeting.

There are some advantages in meeting in the metropolitan city of the State. The attendance usually is larger. This is made up, to a certain extent, by non-members, however. The accommodations are more ample, and there is no necessity for crowding. Yet it does not bring the doctors into such close and intimate relations as the meetings in a smaller place. In the smaller towns there is a much better opportunity to become acquainted with each other, which is a prime object of the Society.

Take it altogether, the session this year was a pleasant and profitable one, a grand success. A great deal of credit for this result is due to the Committee of Arrangements, who did all they could to have everyone enjoy themselves.

Respectfully,
GEO. J. MONROE, M.D.

AS TO THE OBLIGATORY DECLARATION OF TUBERCULOSIS.

CINCINNATI, May 27, 1901.

Editor LANCET-CLINIC:

That is a striking editorial in the May 25 number of the LANCET-CLINIC, opposing the "Obligatory Declaration of Tuberculosis." First, the writer, T.C.M., refers to the old quotation about "liars, damned liars and statisticians," and then he proceeds to deluge us with statistics. And he uses so many quotations, which surely are akin to statistics.

The editorial states its purpose to be to "merely show how divided medical opinion is on this question of the contagion of consumption, and the necessity of classing phthisical cases in the group of infectious maladies." Surely, the article cannot have been meant seriously.

But let us look at it as if the writer were in earnest, if possible. Some of the statistics were unfortunately chosen, for they do not support the contention of the writer. Thus, he quotes the figures given by Cornet, 1889, based on "the statistics of the Prussian Empire and the official mortality report of the Catholic religious orders for the period of twenty-five years," showing a mortality from tuberculosis of 62.88 per cent. In an endeavor to show the comparative rarity of tuberculosis, the article assures us that this "enormous mortality is found nowhere else save in monasteries and nunneries." It is passing strange that no mention is made of prisons and asylums. In this connection it is interesting to note the declaration of Cornet, *not* quoted in the editorial, that at least one-third of all mankind are, or have been, affected with tuberculosis. This statement did not include bone and joint disease, skin and gland affection, and the various hidden depots of tuberculosis.

Nor does the editorial refer to the work of Schlenker, 1894, who, in the examination of one hundred bodies just as they came to the dead-room, irrespective of the cause of death, found lesions of tuberculosis in sixty-six cases. If larger figures were desirable, we might refer to 4,250 successive autopsies in Breslau, in which gross macroscopic lesions were found in 1,393 cases. Brouardel, in the Paris morgue, found tuberculosis in about 75 per cent. of autopsies. All of these

statements have reference only to tuberculosis that could be recognized macroscopically, so that the disease is much more frequent than the editorial would lead us to believe.

According to the dates appended in the editorial, most of the quotations were based on experiences that antedated the discovery of the tubercle bacillus; and the statistics were gathered to a large extent before we knew the cause of tuberculosis, and before we were able to make anything like a positive early diagnosis of the disease. Thus, the article quotes from Williams, 1882 (the year the tubercle bacillus was discovered), as "against the opinions we consider consumption as being an infectious malady." Who to-day believes that tuberculosis is not infectious? Truly, the ancient views regarding phthisis die hard.

The editorial deals at some length with the transmissibility of phthisis between husband and wife. The quotations used are interesting from an historical point of view. The writer closes by railing against the infectious nature of tuberculosis!

All in all, one is impressed that the article was written in jest; or, if it is an expression of honest opinion, it must be that the writer is an individual who has run into a later epoch, as occurs with some species from among the extinct living forms of an old geological era, and thus, as a sort of contingent remainder, he is able to attempt to rescue from oblivion some of these antiquated views. If so, we should respect rather than criticise his statements. Sincerely yours,

GEO. E. MALSABRY, M.D.

Camphor in the Treatment of Ulcers of the Leg.

Camphor, as being inexpensive and easily procured, is recommended in the treatment of superficial ulcers of the extremities, especially the common ulcers of the leg.

It is used in an ointment with lard as the base, and in a strength of about 2 per cent., together with 15 to 20 per cent. of the oxide of zinc.—*Clinical Review*.

For abscesses, take boric acid and acetanilid, equal parts, and glycerine to make thick paste; spread on a soft cloth and apply.—*Med. Summary*.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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DR. J. C. CULBERTSON,
817 W. SEVENTH STREET, CINCINNATI, O.

SATURDAY, JUNE 8, 1901.

OBLIGATORY SERUM.

From the *Journal de Médecine de Paris* of May 19, 1901, we see that the learned editor, Dr. Lutaud, has again given expression to his editorial opinion in an open "bulletin." It will be remembered that Lutaud was from the beginning in strong opposition to all Pasteurism, the determined opponent of fads in medicine, and ever the exponent of rational therapy. His journal is, without question, the best among all the many Parisian medical weeklies, and his following represents in the aggregate the conservative medical element of France. Dr. Lutaud's editorial is, then, of much interest for those who believe the art of curing is founded on long clinical experience, close observation and logical deduction. Dr. Lutaud states:

"That which we have foreseen and announced a year since has been realized. The criticisms of which serotherapy has been the object in our medical societies has not been to the taste of the Martins of the Pasteur Institute; the sale of serums is threatened; the bottles remain charged to the pharmacists; children attacked with croup stubbornly succumb despite the Behring treatment; this lamentable situation cannot be prolonged; the Pasteur Institute has crossed the Rubicon and made Waldeck Rousseau sign a ukase,

making serotherapy obligatory. Here are the principal points inserted in this *dictum*, that neither the Prussian corporal Wilhelm nor the autocrat of all the Russias would *dared to have signed*: ‘It is important to indicate to physicians in clear and distinct terms the line of conduct they must follow.’ ‘I have remarked,’ says the Minister, ‘notable differences in the results obtained, such as are collected in the information furnished by Prefets upon epidemics of which they render accounts to my administration. While that, in certain localities, patients inoculated have all recovered, elsewhere the number of deaths has exceeded the average of acknowledged and determined cases. These differences can only be attributed to the condition in which the treatment has been applied.’”

The paper then goes on in a laudatory personal expression of opinion by an evident enthusiast and non-professional as to the virtues of Pasteur Institute proprietary products. Dr. Lutaud’s editorial closes as follows, and this is signed Waldeck Rousseau, President of the Council, not addressed to medical journals, but to the political press, markedly to those whose publicity re-echoes the praises and assures the success (by advertisement) of Geraudel’s Pastilles and Shaker Tea.

“We know that Waldeck Rousseau never *read the dictum that he signed*, so we shall not reproach him with issuing a document that simply has for its purport the rendering the employment of Pasteur serums obligatory—those manufactured serums against diphtheria, puerperal fever, tetanus, erysipelas, plague, etc., that they wish to force the practitioners of medicine to use. When called to a patient we must not apply the remedies of our choice, but must listen to our clients, who read the *Petit Journal* and say: ‘Doctor, since I’m sick it is necessary to inject me with the serums that the Minister to the Interior has prescribed in this disease!’

“We see where this system will lead; it is the suppression of our free will, the negation of the clinic, the regulation of therapeutics under the ferrule of the Pasteur Institute and the hygienists of the Minister of the Interior. They wish to make the medical profession march in their footsteps. Well, we regret to say to you, M. Waldeck Rousseau, that the medical profession will not march. Every physician who respects himself will remain free to apply the treatment that appears most appropriate in a determined case.

“It requires remarkable audacity to impose antitoxic serums after the discussions that have just occurred in our Paris medical societies, where the miraculous actions of these substances have been seriously put in doubt. After the deplorable accident occurring in the Province of Milan, where more than thirty children preventively inoculated died after a single injection of serum. Permit us to study and judge, gentlemen of the laboratory; do not count in advance upon experiments too hastily extended to mankind. If antitoxic serums have the properties you attribute to them, we should be the first to apply them when we have seen and judged. As for you, Monsieur the Minister of the Interior, you are a great orator and statesman, but permit us to advise you not to append your signature to all the documents that emanate from Pasteur Institutes.”

Considering the late papers read before Parisian medical societies, where a hot discussion on sero-therapy is now progressing, Dr. Lutaud’s editorial is timely; it is only in line with many protesting articles now appearing in English and American medical journals, that are not owned and controlled by commercial influences. “Truth is eternal.” If modern bacteriology has found specifics for all the ailments that flesh is heir to, nothing can possibly destroy the fact, but, unfortunately, the too oft-repeated blare of medical trumpets proclaiming the discovery of

some specific has only resulted in the shame and confusion of the profession, the masses holding all physicians responsible for the utterances made from time to time through the political press by some charlatan under the mask of regular medicine. It is perhaps all the fault of our modern system of medical education that confounds the medical school with the university idea—a mere smattering of knowledge, with no reasoning power on the part of many of its members; this, combined with the prevalent narrow-minded commercialism that seeks to degrade a noble profession into a mere trade, has awakened much of the public disgust that has resulted in the organization of many anti-medical sects, and even injured the harmonious relations heretofore existing among the different specialties of the profession.

T. C. M.

EDITORIAL NOTES.

NORTH KENTUCKY MEDICAL SOCIETY.—The one hundred and fiftieth meeting will be held at Walton, Ky., June 13, 1901. The programme is as follows:

1. Reading of minutes.
2. Reception of new members.
3. Neurasthenia. Dr. B. F. Beebe, Cincinnati. Discussion: Dr. J. F. Loomis, Independence. General discussion.
4. Erysipelas. Dr. C. R. Slater, Erlanger. Discussion: Dr. C. W. McCollom. General discussion.
5. Rubeola. Dr. B. F. Metcalfe, Walton. Discussion. Dr. H. C. Lassing, Union. General discussion.
6. Gastric Differential Diagnosis. Dr. E. M. Foreman, Delia. Discussion: Dr. Robert Carothers, Cincinnati. General discussion.
7. Report of clinical cases.
8. Unfinished business.
9. New business.

THE second regular session of the Roentgen Society of the United States will take place in Buffalo, N. Y., September 10-11, 1901, at the University of Buffalo. A large attendance is expected on account of the Pan-American Exposition, and "excursion rates," which should insure the presence of every member of the profes-

sions. The programme for the meeting must go to press August 20, and a manuscript copy of all papers to be read at the meeting must be in the Secretary's hand on that date in order to arrange the order of proceeding. No paper not forwarded before going to press can be entered in the programme or read at the meeting. Send in the title of your paper not later than August 20, to J. Rudis-Jicinsky, Cedar Rapids, Ia.

PAIN in the lower limbs, or the slightest degree of limping in children, should lead to an examination of the hip-joints. Many cases of beginning hip-joint disease may be discovered at a time most opportune for treatment.—*Ex.*

EXTRACT OF RED BONE MARROW IN THE TREATMENT OF ANEMIA.—Case: Pernicious Anemia.

Blood count: 800,000 red; 4,000 white corpuscles.

Treatment: Extract of Red Bone Marrow and Arsenic.

First two weeks: 1,600,000 red cells; 4,300 white cells.

Second two weeks: 3,175,000 red cells; 3,400 white cells.

Third two weeks: 4,750,000 red cells; 4,000 white cells.

Patient continues to improve, feeling better and stronger than ever.

The Extract of Red Bone Marrow and Arsenic were given well diluted with cold water.

PHYSICIANS would get better results from the use of Pepsin, Pancreatin, Thyroids, Suprarenal Capsules, and other remedies of animal origin, if they would, when prescribing, specify the Armour Products, because the preparations emanating from the Armour Laboratory are made from absolutely fresh raw material—material that is put into process of manufacture before it has had any opportunity to become tainted. There is always danger of ptomaines in goods made from glands or membranes that have been shipped long distances and subjected to exposure due to delays. Another good reason for specifying the Armour Preparations is—they are pure, and may be relied upon in all cases where such articles are indicated.

T. M. L. CHRYSTIE, M.D., New York City, writes: "A young lady of Nashville, with an obstinate cough, and of a tuberculous family, has, after two weeks' use of Glyco-Thymoline (Kress), been completely relieved without any other remedy."

Current Literature.

**
The Causes and Significance of the Obstetric Hemorrhages.

J. Clifton Edgar reviews the above subject ably in the *N. Y. Med. Journal* of March 30.

The only thing new in it is the author's assertion that a low situation of the placenta is a much more frequent cause of early hemorrhage than is generally supposed. He says:

"From an examination of a large number of membranes and placentæ, the result of interruptions of pregnancy in the third, fourth, fifth and sixth months, I am convinced that hemorrhage due to a low situation of the placenta is much more common than is usually supposed.

I mean, by this, that a large portion of the supposedly simple abortions and miscarriages are really instances of the implantation of the placenta in the lower uterine segment, with resulting hemorrhage and evacuation of the uterus as a consequence of partial separation of the abnormally situated placenta, due to changes in the shape of the lower uterine segment dependent upon the growth of the uterus.

"It is generally thought, and usually taught, that hemorrhage from a placenta previa does not show itself until the twenty-eighth, or thirty-second week of gestation. I have in my collection a uterus with the fetus and membranes intact, and a central placenta previa, from a woman who died within a few hours from the first hemorrhage, which occurred at the sixteenth week of pregnancy. A careful autopsy showed that death was due to acute anemia produced by the hemorrhage from the partial separation of the central placenta previa.

"Further, I am convinced that a careful study of the site of rupture of the membranes in instances of supposedly accidental hemorrhage, will prove that hemorrhage during pregnancy, and also during parturition, from the premature separation of a normally situated placenta, is a very, very rare condition indeed.

"I have found that several cases of presumably accidental hemorrhage were really those of lateral placenta previa; a

more complete examination after fuller dilatation, and the examination of the rupture in the membranes post partum, indicating the condition that caused the hemorrhage.

"Severe hemorrhage from the partial separation of a normally situated placenta I believe to be a very rare condition; severe hemorrhage from a low implantation of the placenta I believe to be much more common than is generally thought."

Canadian Practitioner.

Infant Feeding.

John J. Hanley, in the *Medical Council*, makes a plea for the baby. The article is addressed to mothers who can and will not nurse, and to physicians who can restore an ancient and commendable practice by preaching it.

He says that mothers should suckle their young:

Because it is a natural obligation.

Because it is a moral (religious) one.

Because it is a pleasure.

Because it is the most beautiful living picture in the world.

Because it charms a man to see it.

Because it is a sermon in tableau.

Because of its refining and softening influence on the higher emotions.

Because the child wants to.

Because it has a right to.

Because it is "open day and night."

Because it is "always ready."

Because it doesn't need to be sweetened or heated.

Because it is the only ideal infant food.

Because it is not a perfect substitute, but the "real thing."

Because there is no perfect substitute.

Because the baby likes it (not important).

Because it doesn't make him "tired."

Because it doesn't have to be sterilized.

Because you don't have to cudgel your brains about the proportions of milk-sugar and lime water and other confusing things.

Because you serve the State better.

Because it is cheaper (you get it for nothing).

Because you don't have to read chemical analysis of various celebrities on the containers, declaring the extraordinary skill and knowledge in producing such wonderful rubbish as some milks are.

Because you don't have to get out of bed at night to get "the other" ready.

Because you can "modify" it by your diet and hygiene.

Because nature is a better chemist than you are.

Because you don't have "to run" a chemical laboratory in the house.

Because you will feel better yourself.

Because the mutual love will be greater.

Because your husband will prefer it (or ought to).

Because all true mothers do it.

Because you will show good example to other women.

Because the baby will be physically stronger to fight for its existence both in health and sickness.

Because it is the same as mother and grandma "used to make," a strong recommendation daily observed.—*Indian Lancet.*

Empyema.

At the Gesellschaft der Aerzte Frank exhibited three patients whom he had treated by Buhlau's method for pleuritic empyema. This method is to make an entrance into the chest with a moderate sized trocar, leaving the cannula, through which is passed a sterilized Indiarubber tube into the pleural cavity; after this the cannula is withdrawn and the end of the tube left in a disinfectant or antiseptic fluid, into which the cavity is drained.

It is contended that the method is easy, effective, and safe from infection, while it admits of the gradual discharge of pus from the pleura. According to Frank's experience during the last three years he has treated eighteen cases in this manner, eight of which were permanently cured; four within six weeks, one in two months, and one in six months. Of the eighteen four have died from tuberculosis; five have improved, and one remains unaffected.

One of the great advantages Frank dwelt on was the disregard of narcosis in the operation, which was an important factor in a patient in a weak condition from such an exhausting disease. Before inserting the trocar and cannula he thinks it better to cut the skin, which relieves the tube after the withdrawal of the cannula. Schleich's infiltration anesthesia may obviate the pain when the patient is very sensitive. Cardiac collapse and edema

of the lung are averted by the slow drainage. Pneumothorax cannot arise, while the distressing cough that usually occurs by rapid emptying of the purulent matter is totally prevented. In private practice it is the most rational, as the odor and decomposition from the discharge that follow resection make the operation a serious one for the life of the patient.

Gersuny said that Buhlau's method was feasible enough in fresh cases where the pus was fluid, but when the exudation was mixed with great masses of fibrin there was nothing but thoractomy practicable. The argument of narcosis was of no particular value as Schleich's method of narcotizing was quite as useful in thoractomy. As to the uncontrollable cough mentioned by Frank, he had no such experience. The intrathoracic pressure was very little changed by thoractomy unless the accumulation was very great, neither was the expansion of the lung any better effected by Buhlau's method, nor is the single puncture theory safer than opening the chest when properly carried into practice.

Frank contended that puncture was the safest operation that could be performed on the chest.—*Vienna Cor. Med. Press and Circular.*

Accident and Diabetes.

At the Society fur Innere Medizin, Hr. Hirschfeld communicated a note on accident and diabetes. He said there was still great want of clearness as to the connection between accidents and diabetes. Since Bernard's experiments glycosuria had often been seen to come on after serious train injuries, but mostly transient and slight in degree. In some cases, however, the glycosuria continued a long time. In one case a locomotive engine driver, who had an accident to his train, and who, in addition to being shaken, was accused of being the cause of it, had glycosuria for a year, along with a good deal of psychical disturbance. After an inquiry and acquittal, however, the sugar disappeared. Such cases, however, were rare. In the darkness that clung around the etiology of diabetes, accident might often be thought of as the cause, but could rarely be proved. Traumatic diabetes could not be described. Diabetes might also result from injury to the pancreas. We spoke of a pancreatic diabetes. Sometimes the

clinical symptoms pointed to this form, but often the disease of the pancreas was not suspected till the autopsy revealed it. Chronic disease of the pancreas had also been found in diabetes. In a case of so-called pancreatic diabetes the nervous symptoms were very prominent. The relations were rather complicated. No safe theory could be formulated as to the factors; perhaps the accident was the last link of the chain of causes that led to the disease. Under certain circumstances there was an "unknown something" that, in the case of already existing pancreatic disease, was the immediate cause. The pancreas could be directly affected by accident. Cysts might form, acute or chronic pancreatitis might develop, and effusion of blood had been found in the pancreas. Then the disease might be made worse by accident; coma might develop, leading to death. Coma might be set up by disease of the pancreas even in mild diabetes, and in such cases the relationship between the two was beyond doubt. As regarded working power, excessive activity always reacted unfavorably on the working power.

Hr. Becker considered it very difficult to explain the connection between the two. After injury the glycosuria was generally only temporary.—*Berlin Cor. Med. Press and Circular.*

The Nurse's Preparation of a Patient for an Abdominal Section in a Private House.

So much depends upon many little matters of detail that interest will be found in a first-prize report of an English competition among nurses in answer to the question: "If called to an operation, such as an abdominal section at short notice in a small house, what preparations should you make in the room, and with regard to the patient?" The patient being presumed a female the following answer received first rating: "I should endeavor first to set my patient's fears at rest, keeping her as quiet as possible. With this end in view, I should endeavor to prepare a room for the operation in close proximity to the patient's bed-room on the same floor; then remove the carpet and all unnecessary articles of furniture, having the floor well cleaned. For an operating-table, the kitchen table may have to answer the purpose, and should be placed as near the

window as possible. Two small tables would doubtless be procurable, which, covered with white cloths, would hold instruments and lotion bowls; basins are easily obtainable, and a pail will be needed. There should be a fire burning in the room, and an abundant supply of boiling water, and also cold sterilized water. Have a fish kettle filled with water in which the instruments may be boiled. For spray sheets, a few yards of white American cloth would answer the purpose; also three or four towels should be sterilized, and laid in water pending the surgeon's arrival.

"I should give the patient an enema of soap and water (1 pint), and also see that the bladder is emptied immediately before the operation; wash the body all over, and give as much liquid nourishment as time would permit, such as egg and milk, milk, or beef tea; half a pint of the latter being given just four hours before the operation. The abdomen might be shaved, rubbed with a little turpentine or methylated spirits, and a compress of sterilized water applied, if the part is not too tender. If the patient is not able to take nourishment owing to persistent vomiting I should give sips of hot water, and if thirsty allow the mouth to be rinsed out frequently with water, mixed with a little lemon juice if preferred. The hair, if long, should be made into two plaits. An iron bedstead with a spring mattress is the best, but a straw one may have to be used; the bed should be made up clean to receive the patient; have a bolster at hand to place under the knees, two bricks or small wooden boxes will answer the purpose of blocks."—*Clinical Review.*

Rapid Healing of Fissure of the Anus.

First the bowels must be put into a soluble condition and maintained so until the treatment has been completed by the cure. Then, the fissure being cocainized, at least for the first treatment, pure ichthysol is applied to the part with cotton wound on a glass rod. Applications made every second day will soon effect a cure.—*Clinical Review.*

INSANITY as a disease is not transmissible by inheritance, but may be acquired or evolved from a neurotic heredity as a basis.—*Med. Summary.*

Book Reviews.

++

The Technique of Surgical Gynecology. Devoted Exclusively to a Description of the Technique of Gynecological Operations. By AUGUSTIN H. GOLET, M.D., Professor of Gynecology in the New York School of Clinical Medicine. Publishers: The International Journal of Surgery Company, 100 William Street, New York. Price, \$2. Pages 331.

The preface says that "the purpose of this work is to describe with sufficient fullness and clearness of detail the operative technique of the more common gynecological operations, that it may serve as a guide to the operator who is not thoroughly familiar with them." That this work has more fully and clearly detailed the technique of gynecological operations than most general works on gynecology do is not very apparent. Gynecology is not so large a subject but that pathology, symptomatology, diagnosis and treatment can be well cared for in one volume.

J. A. J.

Atlas and Epitome of Ophthalmoscopy. By PROFESSOR DR. O. HAAB. W. B. SAUNDERS & CO., PHILADELPHIA.

This is the authorized translation from the third revised and enlarged German edition, and is a marked improvement on the second edition. Several new ophthalmoscopic pictures have been added illustrating changes in the fundus oculi. In addition, there are new sections through the retina showing changes in retinitis albuminurica. It is a very valuable book for the student of ophthalmology, and its moderate price puts it within the reach of all.

S. C. A.

THE bones of the face set very quickly. It is, therefore, necessary to pay close attention to such injuries, lest after complete restoration the bones become displaced for a sufficient length of time to prevent reduction.—*Ex.*

SUPPOSITORIES of ichthyol, five to ten grains, are recommended in prostatitis. They are used morning and night.—*Med. Summary.*

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Mellin's Food and fresh milk is, physiologically, a proper infants' food; it contains the correct amount of necessary nutritive elements, and combines them in the right proportion, and does not introduce insoluble, indigestible and non-nutritious constituents. Mellin's Food is a food that feeds.

SAMPLES AND LITERATURE TO PHYSICIANS UPON REQUEST.

MELLIN'S FOOD COMPANY, BOSTON, MASS.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

JUNE 15, 1901.

WHOLE VOLUME LXXXV.

DIAGNOSIS OF TYPHOID PERFORATION.*

BY MARK A. BROWN, M.D.,
CINCINNATI,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS AND OF CLINICAL MEDICINE IN THE
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The diagnosis of this grave, until within a few years inevitably fatal, complication of enteric fever readily divides itself into three clinical stages. First, the pre-perforative, concerning which not a little has appeared of late, though the assigned symptoms are of necessity often so obscure and so masked by accompanying conditions as to make even reasonable diagnosis the exception rather than the rule; second, the perforative; and lastly, what might be called the peritonitic. The symptoms of this third stage are the ones which we have been accustomed for so long a time to associate with perforation, but are nothing less than the accompaniments of a general peritonitis—the Hippocratic facies, the subnormal temperature, rapid thready pulse, and so forth. At this time operative interference is almost useless, and if surgical treatment is to be instituted with any hope of alleviation or cure it must be done many hours before the patient reaches this so-called Hippocratic state. In other words, it is essential for any measure of success to be able to recognize the symptoms, if any, that appear at the moment of perforation, or within a very short time thereafter, and this often becomes a matter of the greatest difficulty, at times impossibility.

Perforation of the intestine in this disease occurs, as a rule, at the time of separation of the necrotic masses, usually at the latter part of the second or beginning of third week. Knowing the approximate day of the disease by the symptoms, the height of the fever, and the history of the case, the intelligent physician should be particularly on his guard at this time.

We have learned by bitter experience that the more severe the attack the greater the liability to perforation, and perforation has been observed to be of more frequent occurrence in cases associated with diarrhea and gaseous distention of the abdomen. These are facts well known to all, but will bear repetition.

In a typical case, if perforation has occurred, the first symptom to attract attention is abdominal pain, sometimes diffuse, sometimes localized to one particular point. Now, pain in the abdomen is in this disease not, as a rule, of much diagnostic moment; but the pain of perforation is very sudden in its onset, so agonizing in its character as to cause the patient to call out, so persistent as to refuse alleviation by any but the most radical measures, and even then relief is experienced but for a very short time. Naturally the pain would be located with most frequency and with greatest intensity in the right iliac region, but may be present in almost any part of the abdomen. In some instances the suffering is very slight; for example, coming as it does in the more grave cases of typhoid, perforation may attack an individual in a delirious or semi comatose condition, and the symptom of pain become entirely masked. Such cases are common in hospital practice, the patient apparently dying of sepsis, autopsy disclosing the perforation. It must also be borne in mind that intense abdominal pain may be dependent upon many other causes than perforation, even in individuals known to have typhoid.

A sudden and very decided drop in temperature usually follows perforation

* Read before the Academy of Medicine of Cincinnati, May 8, 1901.

very promptly, though in by no means all the cases. In some the lowering of the temperature may be so transitory as to escape notice unless particular attention has been directed to this point. But even if this fall does occur it may be due to hemorrhage, or the hemorrhage may be accompanied by perforation, antipyretics, or a particularly prolonged or severe bath; and the writer has on record several cases of uncomplicated typhoid, which will be reported to the Academy in due time, in which for a number of consecutive days the fever has assumed an intermittent type without apparent, or at least discoverable, cause.

The pulse usually becomes increased in frequency and decidedly weaker; it does not assume that hard character to which the term "wiry" has been so appropriately given until actual peritonitis has supervened. Perhaps it would be better to say until severe peritonitis has supervened, for undoubtedly at the moment of actual perforation, or even in many cases before that event has taken place, the primary changes of acute peritoneal inflammation begin or have begun.

Not much of diagnostic value has been brought out thus far, and we can readily see that the most important part of our symptomatology will be objective. With the advent of an opening between bowel and peritoneal cavity, there is at first a more or less rapid pouring out of gas and fluid, this output subsequently becoming slower as the pressure becomes lessened. This state of affairs gives us generally a fairly characteristic group of symptoms. There is almost immediately some gaseous distention of the abdomen, a pushing up of the diaphragm, and, as a necessary sequel, considerable interference with respiratory movement; the respirations are suddenly increased in number, and are more shallow; the abdomen is practically immobile. This latter is, of course, more noticeable in males. Occasionally, when the distention is moderate and the pain of perforation severe, there is persistence of respiratory movement in the upper abdomen, immobility below, the line of demarkation being at about the level of the umbilicus. More rarely, and in those cases in which the intestine has contained much fluid and but little gas, there is no distention of the hypogastric area, but a comparative flatness of the abdomen and

bulging in the flanks. The so-called carinated or boat-shaped abdomen only appears when severe general peritonitis has supervened.

On palpitation a point of greatest tenderness may be elicited and aid somewhat; usually it is situated in the right iliac or perhaps hypogastric region. Associated with it is a more or less marked rigidity of the abdominal muscles, particularly the recti, and this rigidity may be more pronounced on one side than the other.

On percussion, again, the physical signs depend to a large degree upon the character of bowel contents, whether liquid or gaseous, exuding through the perforation, and the rapidity of entrance of the same into the general peritoneal cavity. If the bowel contents have been mostly of a gaseous nature and the hole in the intestine minute, the resulting distention will be gradual but progressive; reduced to the language of percussion, there will be a tympanitic note all over the abdomen and a gradual obliteration of the liver dulness; and this tympany will eventually reach quite high, encroaching on the area normally occupied by the lungs. If the contents be gaseous and the perforation large, the distention will be correspondingly rapid; and it is in these cases that we find the number of respirations suddenly increased. If, on the other hand, the contents of the bowel have been of a fluid character, abdominal distention may be very slight, only slowly progressive, and there is present flatness on percussion in the flanks, the amount of flatness depending on the amount of fluid. At the part of the bowel where perforation usually occurs, and particularly in this disease, a solid feces need not be considered. Usually there is an admixture of fluid and gas, as it is in the cases accompanied by tympanites and diarrhea, as mentioned before, that perforation is most liable to happen.

Auscultation is usually unproductive, but theoretically, at least in the early stages, the rubbing together of the two peritoneal surfaces might give rise to a slight friction murmur. The pain that the patient would suffer from the pressure of the stethoscope sufficient to elicit this friction would be most severe, and, indeed, this sign is of little practical aid; it is a symptom belonging more properly to what we have termed the third stage.

Among other features, we must regard

a systematic and frequently repeated blood count as of the highest importance. In uncomplicated cases of typhoid there is a leucopenia or diminution in the number of white corpuscles—that is to say, less than 5,000 per cubic millimetre. With the formation of pus in any region, as very commonly in the parotid gland or in the middle ear, the number of leucocytes increases. In typhoid perforation, in the few cases studied by the writer, there has been a slight leucocytosis, which, as a rule, has gradually increased until the end. As regards the red count and hemoglobin estimation, they are, of course, of value when hemorrhage is suspected. Not infrequently at the time of perforation severe hemorrhage occurs, and the presence of blood in the stools even in small amount is of importance; for not only may the symptoms of a severe hemorrhage mask to some degree those of perforation, but the appearance of blood indicates that the ulcerative process in the bowel is a rapid and virulent one, eroding the vessel before thrombosis has had time to take place; also that the process has invaded the deeper layers of the intestine. There is usually an anxious expression to the countenance and an appearance of suffering; the skin is pale, and sweating, particularly of the forehead, is often present, more as an indication of physical distress than of anything else. The so-called Hippocratic facies and the almost universal sweating are indications that the patient has passed into the third stage. The decubitus of the patient is, as a rule, dorsal, with one or both legs flexed, as this latter is the position of greatest ease.

If this array of clinical symptoms were always present, diagnosis would not be a matter of very great difficulty. But the combinations are so varied and so often marked by other conditions that in many instances positive knowledge of the actual time of perforation is impossible. It is only by the closest observation and study of minute and sudden changes, particularly during the second and third weeks, that diagnosis can be reached in sufficient time to allow of operative interference having even a chance of success.

It is said that ten grains of powdered alum placed on the dry tongue will arrest an attack of asthma.—*Med. Summary.*

SURGICAL INTERFERENCE IN TYPHOID PERFORATION.*

BY N. P. DANDRIDGE, M.D.,
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Actual experience has already demonstrated the fact that perforation of the bowel in typhoid fever is not altogether beyond the range of operative interference. The value of interference has already been established, but the whole question of operation is still under active discussion, and it is desirable that all fatal as well as successful cases should be put upon record and so made available for discussion. I desire to-night to report my personal experience.

CASE I.

December, 1894, I was called to see a case of typhoid fever in a boy of ten, which had been under the care of Dr. Stanton and Dr. Mackenzie. The case had been one of average severity, with the symptoms all well defined.

On the nineteenth day of the disease the symptoms suddenly increased in severity. There was abdominal pain and sudden and excessive abdominal distension, with extreme prostration. I saw the boy two days later. The abdomen was enormously distended and tympanitic, the face pinched, the pulse very rapid and weak, and the whole condition one of collapse. The diagnosis of perforation had been made, and I had been called to determine the question of operation. On palpation there seemed to be greater resistance in the right iliac fossa. I determined, therefore, to make my incision to the right and nearly parallel to the median line. Preparations were hastily made and ether administered. As soon as the abdominal cavity was opened an immense amount of gas escaped and the belly wall collapsed. The intestines were not at all distended. When the opening in the peritoneum was enlarged a large amount of very foul-smelling pus escaped, which had been free in the cavity. The peritoneum which covered the small intestine that came into view was smooth and free from lymph. A rapid search for the appendix failed to reveal it, and no opening in the intestine was found. The boy's condition

* Read before the Academy of Medicine of Cincinnati, April 8, 1901.

precluded a prolonged search. The cavity of the abdomen was washed out with boiled water through a drainage-tube passed to the bottom of the pelvis. A large rubber drainage-tube was left in place and packed around with gauze. He made a steady but slow recovery. While no opening in the bowel was seen, there can, I think, be no doubt of a perforation, as the amount of gas free in the cavity could not be otherwise accounted for, and the diagnosis of typhoid can hardly be doubted. The case has been accepted by both Keen and Finney, and appears in their statistics.

CASE II.

The second case entered the Cincinnati Hospital, July 3, 1897. Five days before he began feeling ill with headache, loss of appetite, and with loose stools twice daily. On admission, pulse 78, respiration 24, temperature 100.8°, abdomen tender over hypogastrium, spleen not enlarged. Diagnosis: Typhoid. The case ran a mild course.

July 7. Spleen distinctly palpable, urine shows Diazo reaction. The day following there was some abdominal tenderness, but no dullness, urination burning.

July 9, the eleventh day of the disease, 9 A.M., feels worse, face drawn and pinched. Features indicative of suffering; complains of much pain in abdomen, and feeling as if bladder was full. Catheterized and found one ounce free from albumin. Abdomen shows considerable uniform distension. Liver dullness diminished but not obliterated. Exquisite tenderness on palpation all over abdomen; the region of spleen especially tender. No tumor or area of dullness can be marked out. Bowels moved freely last night, stool thin and light. Temperature normal or slightly subnormal. Pulse weak and thready, but not increased in frequency. The patient was transferred to the surgical service, and at 2 o'clock the pulse had improved. There was considerable distension, rigidity of the muscles and marked tenderness in the iliac region. Thinking the case might possibly be appendicitis, an incision was made over that region. On opening the cavity some greenish-brown fluid escaped. The appendix was brought into view and found normal except for some congestion. The

loops of small intestine were of deep red color and distended. The small intestine was drawn out and a foot from the valve a perforation found, one-fourth inch across, from which fluid similar to above escaped. Lymph covered this part of gut. The opening was closed by six stitches. A large quantity of fluid was found in the cavity, which we washed out with saline solution. It was not found possible to follow the ileum up from the colon, so a considerable amount of bowel was drawn out before the opening was found, and this part was so distended that it was punctured before being returned. The man rallied well, but all efforts to move the bowels were ineffectual, and he died in fifty-four hours.

The autopsy was made fourteen hours after death by Dr. Bettmann: "Ileum congested throughout its full length. One foot from ileo-cecal valve was found site of operation. Peritoneal surfaces of bowel as they had been approximated were found firmly united. The lumen of the bowel at this point had been but slightly narrowed. The mucous surface showed that there had been extensive ulceration of a Peyer's patch at this point, and that the perforation had occurred at the base. No other ulcers were found in the small intestine, but the Peyer's patches were all more or less congested. The appendix was rather long and attached to the posterior surface of the cecum and far up. It showed no ill effect from the hemostatic forceps that had been on it during the operation. Over a limited portion of the small intestine close to the valve there was thick plastic lymph, and coils of intestines were closely matted together. Deep down in the pelvis there was to be seen considerable (half a pint) of thin yellow pus. There was plastic lymph over upper and anterior surface of bladder. Colon normal; spleen slightly enlarged; rest of organs normal. Cause of death, purulent peritonitis (localized), typhoid fever and perforation."

CASE III.

W. H., aged ten, entered Children's Hospital January 19, 1901. He had been sick for two weeks, and in bed for six days.

"Is suffering with cramps and diarrhea; complains of cold or shivering sensation, abdominal tenderness and pain; there is

prostration and some delirium; tongue coated, pulse rapid; cries with pain."

From this until January 27, six days since entrance, and twenty days since beginning of illness, the symptoms were those of a severe typhoid—abdomen tympanic and painful, stool frequent and thin, rose-colored spots.

January 27, at 2 P.M., vomiting at first clear and then brown; abdomen became distended; turpentine enema unsuccessful.

January 28, vomiting continued. Operation 3:30, twenty-eight hours after outset of vomiting. Median incision; diffuse peritonitis with pus and plastic lymph. Small perforation found one inch from cecum. This was closed with Lembert suture and the abdomen flushed with salt solution. He rallied fairly from operation, but soon began to vomit and died at 7:40.

Autopsy revealed ulcerated Peyer's patches, diffused peritonitis; opening in bowel closed—until torn open by manipulation in removing bowel; spleen enlarged.

These three cases are much of the same type, and the perforation presented the characteristic and typical symptoms—abrupt onset, pain, distension and collapse. It is to be remembered that these symptoms are really the evidence of the onset of the peritonitis, and not of the perforation itself; indeed, the time of perforation must be a matter of doubt. The classical symptoms are much more apt to be observed in mild cases than in severe ones, when the delirious and semi-conscious condition may mask them. The time of perforation was twenty-first day, twentieth day and eleventh day. All were situated within a foot of the ileo-cecal valve, and the third within an inch.

Of the time and situation of the perforation, Osler (*Philadelphia Medical Journal*, January 19) says: "The higher in the bowel the more likely is the perforation to be a small ulcer. A majority of the cases occur early in the third week. The earlier the perforation and the nearer the valve so much the greater risk of a widespread necrosis of the mucosa and a condition of the gut most unfavorable for any surgical procedure."

In two out of the three cases the possibility of the case being appendicitis was considered, and determined the lateral rather than the median operation.

In the second case it was felt that the median incision would have made the discovery easier, and rendered the subsequent flushing out of the cavity much more efficient.

In drawing the bowel out from the lateral incision there must always be danger of pressing out the intestinal contents into the peritoneal cavity, as was actually the fact in this case.

In the third case the median incision made the manipulations for closing the opening more difficult than they would have been by the lateral. The general opinion now seems to be in favor of the lateral incision, outside and parallel with the rectus muscle.

The necessity for prompt diagnosis is all-important to obviate the danger of spreading peritonitis, and all are united in advising early operation. Keen's statistics, however, show the highest success when the operation has been performed in the second twelve hours. By this time there has been some recovery from the profound shock so often incident to the onset of the complication. The operation in the successful case reported was made forty-eight hours after the alarming symptoms. It must, however, be remembered that the classical symptoms are oftentimes entirely absent, and that, furthermore, a fulminant peritonitis may occur in typhoid without perforation, the peritoneum being infected through the unbroken base of an ulcer.

Dr. Brown will deal with the symptoms of perforation, so I will not dwell longer on the subject, except to urge the importance in all cases of typhoid with the onset of abdominal pain, especially when located in the right iliac fossa, to exercise most careful watch, and to determine leucocytosis at short intervals, an increase of leucocytosis being constantly present at the onset of perforation, though it may be absent later as the peritonitis becomes more pronounced.

The results of operations may be said to be encouraging. The highest percentage of recovery is reported by Osler from the Johns Hopkins—sixteen cases with six recoveries. Warren gives the result in the combined experience of Boston as twenty-four cases with six recoveries; and Keen, taking his cases from all published sources, gives sixteen recoveries in eighty-three cases.

The next two cases to be reported represent an entirely different class; in both abscesses of slow development in typhoid fever were evacuated.

CASE IV.

In March, 1898, I saw, with Dr. McMechan, a case of typhoid fever which had just experienced a violent hemorrhage. The man was in collapse, almost pulseless, and apparently *in extremis*. The abdomen was sunken, and in the right iliac fossa a large circumscribed mass could be felt. So conspicuous was this that I said at the time that were it not for the desperate condition from the hemorrhage I should have advised an operation. The man was about thirty, and in the third week of a well-defined typhoid. I left town the day after seeing the patient, and did not return for ten days, when I again saw him, and found that in my absence an abscess had pointed in the groin on the right side below Poupart's ligament, and had been opened; pus had continued to discharge ever since. On exploration the sinus was found to lead into a large abscess cavity in the right iliac fossa, which was being imperfectly drained. It was decided, therefore, to make an opening above Poupart. This was accordingly done, and a counter-opening made in the back. From neither of these openings could the limits of the abscess be defined by the finger.

It would seem more than likely that the abscess had developed from a typhoid lesion in the appendix. The swelling noted at the time of the hemorrhage was in the situation of the appendix. The man made a slow but certain recovery.

CASE V.

Colored. Aged thirty-three, male. Entered the service of Dr. E. W. Mitchell, January 4, 1900. The report is taken from the hospital records:

"Pain in back and stomach, loss of appetite and weakness. Father dead, cause unknown; mother living, well; six sisters and one brother living.

"Had measles, whooping-cough and chicken-pox when young. Had typhoid fever fifteen years ago. Had malaria and rheumatism. Had syphilis fifteen years ago; had gonorrhea. Drinks beer and whisky in moderate quantities. Onset began two weeks before admission to hospital (December 22, 1899). Patient says

Saturday evening, December 22, he ate a piece of 'pig's feet.' The next morning (Sunday) when he awoke he was feeling very sick, was unable to eat any breakfast and complained of pain about the umbilicus. Says he got up and went down to the drug-store to get something for the pain, but the medicine the druggist gave him did not relieve him. The pain became worse during the day, and the same night about midnight he went to see a doctor. After he returned home he was able to go to sleep, but the next morning was unable to get out of bed on account of the pain in his back and abdomen. This eased up in a little while so that he was able to go to work. He remained at work three days. For past week he has been home but not in bed; came to hospital as his symptoms were becoming worse.

"*Examination:* Expression is not typical of typhoid fever; lips dry, tongue coated and red around margin. Lungs negative.

"Heart: Soft systolic murmur heard at aortic area transmitted toward ensiform cartilage.

"Abdomen, liver and spleen negative.

"Tenderness in right iliac fossa extending anteriorly from median line posteriorly to within an inch of spinal column; some bulging in right iliac fossa also.

"Temperature 101°; bowels loose.

"Widal: No reaction, thirty-five minutes.

"White count, 12,000.

"January 10. White count, 13,000. Diagnosis changed to appendicitis. Ice cap to abdomen. Case referred to Dr. Dandridge for examination. Decided upon operation immediately. Prepared by shaving and sterilizing parts. Incision made obliquely in right inguinal region, separating muscles, and peritoneum opened. Colon easily found. General cavity walled off with sponges and appendix searched for; found bound down posteriorly in fossa, and sub-peritoneal abscess opened in breaking up adhesions. Discharged fully one pint of pus. Washed out pus cavity with sterilized water. Amputated appendix, which had ulcerated at extremity and perforated; meso-appendix ligated and amputation done close up to stump; cauterized with 95 per cent. carbolic acid and peritoneum secured over stump from either side of cecum. Cavity packed with iodoform gauze for drainage; two

skin sutures taken and wound left open. Returned to ward, came out from under anesthetic very quickly. Temperature sub-normal but rapidly ran up to 102°. Nausea, vomiting and hiccough. Morphine for pain. Cocaine for hiccough. Nothing seemed to have any effect upon his spasm.

"January 12. White blood count, 16,000. Much better in regard to temperature. Singultus marked. Treatment: Cocaine, cerum oxalate B. Moved bowels nicely by shot-gun enemata—four given before action occurred. About 11 P.M. rested fairly well, with exception of spasmodic contractions of diaphragm.

"January 13. Still hiccoughs, temperature improved, resting very well. Dressings changed twice daily; stopped all nourishment by mouth; no water; gave saline enemata.

"January 14. White blood count, 15,000. Improved, but still hiccoughs; stopped all medication; gave inhalation of amyl nitrate.

"January 15. White blood count, 10,000. Ordered beef-tea last night, well seasoned with tincture capsicum; gave some relief; also whisky, tincture capsicum.

"January 16. White blood count, 8,400; better, much improved to-day.

"January 17. White blood count, 7,000; rested very well during night. Morphine, half grain; stimulants, strychnine, one-fortieth grain every three hours. Temperature ran at 100° nearly all day; took nourishment; three stools. Pulse average, 96; dressed twice daily.

"January 18. Temperature reached 100°, highest; feels well; complains of hunger. No nausea or vomiting. Pulse 104, highest; three stools, thin, yellow, watery. Took nourishment well, sleeping most of time.

"January 19. No Widal reaction in thirty minutes. Temperature 99° in morning; 98.4° at 7 P.M. No complaints. Pulse 98 at 7 P.M.; three stools, thin, watery, brown color. Took nourishment with relish.

"Seemed in most excellent condition at 7 P.M., when night rounds were made. About 7:30 P.M. called and found him suffering with a very hard chill; rigor marked; teeth chattering and whole body shook violently. Complained of general pain all over body and of great cold. Chill

lasted twenty minutes. Ordered hot bottles, chloroform, gts. x, ether, gts. x, which seemed to give him some relief; ordered hot blankets. Following chill fell into a profound sleep for a few minutes, and temperature by axilla reached 105°; was called again and ordered sponge bath tepid, followed by greater comfort and left him resting fairly comfortable. Pulse had increased to 140 per minute. At 10:30 called to ward and found patient dead. Nurse gave history as follows: After sponge bath slept for a short interval, and said he was very comfortable; some few minutes following he uttered a loud exclamation as in pain, and when she reached him pulse was imperceptible. Body covered with cold clammy sweat, features drawn and pinched as if he had suffered great pain. Died at 10:45 P.M.

"Post-mortem. Dr. Bettmann. General peritonitis.

"Heart normal; weight, eight ounces.

"Lungs: Right, old adhesions; weight, twenty ounces. Left, old adhesions; weight, twenty ounces. Left lung adherent to diaphragm.

"Spleen: Weight, nine ounces.

"Appendix: Perforation of cecum at site of amputation of cecum, gangrenous mass size of a dime; some fecal matter escaped into abdominal cavity. Abscess extended posteriorly and up along colon for three or four inches and downward, forming a retro-peritoneal abscess. Pus very foul and several ounces retained in the cavity.

"Kidneys: Right eight ounces, left ten ounces; both show acute nephritis, parenchymatous in form.

"Liver large, eighty ounces; fatty changes.

"Intestines: Peyer's patches ulcerated, simulating typhoid ulcer. Whole abdominal viscera show general purulent peritonitis.

"Microscopic slides of ulcers of intestines show them to be of typhoid type."

This case well illustrates the difficulties at times in discriminating between appendicitis and typhoid. The diagnosis of typhoid was made on admission. This was changed to appendicitis on the development of the iliac swelling, which, indeed, seemed confirmed by the operation. The post mortem, however, showed unmistakable typhoid ulcers in ileum.

The death was unexpected, the patient being thought to be convalescent. The blood count was most misleading.

On admission, January 4, the white count was 12,000; January 10, 13,000. The day following the abscess was evacuated, and the next day, January 12, white blood count registered 16,000. It now dropped steadily: 14th, 15,000; 15th, 10,000; 16th, 8,400; 17th, 7,000. During this time a retro-peritoneal abscess was forming.

These last two cases certainly suggest the possibility of perforation taking place and giving rise to localized abscess and not to a general peritonitis.

[For discussion see p. 586.]

A Case of Congenital Hypertrophy of the Cervix, Complicated by a Prolapsus and Bilateral Pyosalpinx, in a Girl Seventeen Years Old; Vaginal Hysterectomy.

Abram Brothers, B.S., M.D. (*American Gynecological and Obstetrical Journal*), relates the case of a girl who began to menstruate at eleven, and was always regular. At the age of fourteen the uterus began to protrude at the vulva. She had an Alexander operation done at a hospital. For two years she was under treatment without relief.

Dr. Brothers found a delicate, emaciated child, with temperature of 101° F. and suffering greatly. The cervix protruded an inch from the vulva, eroded, and could easily be brought out another inch or two on slight traction. The uterine canal was filled with thick, muco-purulent discharge. In the adnexal regions baggy masses could be felt. The diagnosis of bilateral pyosalpinx was made and radical operation suggested.

Vaginal hysterectomy was done, removing the pus tumors and uterus in one mass. Recovery was uneventful, and the patient left the bed on the tenth day.

The uterus consisted mostly of cervix. "By actual measurement the distance from fundus uteri to internal os is one inch, and that between internal os and external os, two and one-fourth inches."

The development of the bilateral pyosalpinx, in the author's opinion, was due to the free use of sounds, pessaries, etc., employed during the previous two years, while the girl was seeking relief in various doctors' offices and dispensaries.—*Indian Lancet.*

THE CURETTE AND PACKING IN ENDOMETRITIS.*

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Perhaps an apology is due this society, composed as it is of men long practiced in the art of gynecology and grown skillful, and, in some rare instances, aged, in the performance of its major surgery, and most skillful in its minor affairs, for asking its attention to so commonplace a subject.

Curetting is no longer on trial, and packing the uterus is an every-day occurrence. Indeed, these are the best reasons for taking our bearings anew and reviewing the *rationale* of our practice. The curette makes more poor gynecologists and turns the heads of more general practitioners into the alluring paths of *dilettante gynecology* than any other instrument.

Curetting is the training-school of the gynecic specialty. The fact that it requires total anesthesia for its proper performance and as much asepsis as laparotomy, and almost as many assistants, at once dignifies it with the title of "operation," which makes the patient the object of the curiosity, interest and sympathy of her friends, and the performer the cynosure and wonder of all the neighbors.

The apparent ease with which the beginner can do this "operation in the dark," whose field is never open to critical eyes, leads him into many enticing surgical by-paths and digressions until he considers himself a gynecologist.

I have often wondered if many would not be deterred from this career if a just but unkind Fate were to photograph the halting, crooked, straggling, hit-and-miss furrows made by the Recamier plow as it goes up and down the endometrial field. Bumm, Werth and Bossi have examined such endometria, and kindly told us how the epithelium in the untouched ridges between the furrows might be provoked to good behavior by the newly sodded territory in the plowed area.

Veit has also suggested for our comfort that where the curette plowed up the mus-

* Read before Cincinnati Obstetrical Society, April, 1900.

cular subsoil there is probably either a regeneration to cover the breach, or some epithelial cells may be left to grow by the utricular gland remnants left deep down between the muscular bundles.

Let us bow our acknowledgments to the pathologist on the one hand and the impenetrable darkness and inscrutable mysteries of this unilluminable field of this, our most frequent surgical invasion.

It is our duty, however, to take stock of our knowledge on this, as upon all subjects, and the very frequency of the operation and the necessity for its performance is the best reason for knowing all that is knowable concerning it.

The history of the operation and the maternity of the curette are among the A, B, C's of gynecology. They are the Garden of Eden story of our gynecic faith. We will not dwell upon them here, but something curious came into my reading a short time since, which may interest you.

The practice of scraping mucous membranes as a means of both cleansing and treatment is much older than Recamier. Among many African tribes every well-equipped man and woman has strung around his neck, among his amulets, ornaments and implements, a sort of nasal curette. It is a flat spoon or spatula about as wide as a finger, made of wood, stone, bone or metal, according to the wealth of the individual. This is used for scraping the nasal and faucial membranes clean of dust, pollen or other irritants, and often for removing a sort of fungous growth, probably parasitic, to which some African tribes are subject.

In this same connection I was much interested to see a month ago a sort of horseshoe-shaped wire, flattened at the curve just like a curette, and about two inches across the curve, hanging on the bed head of an East Indian woman, born in Lucknow. She was of the Rajput caste, one of the highest social orders in India. When I asked to see her tongue, she asked to be excused as she had not scraped it that day. She then took this wire affair, and holding one end in each hand protruded her tongue and did a rapid, efficient and interesting curettage. She told me that Indian people had proverbially bad tongues, and that everybody of any pretensions whatever in India kept a tongue scraper among his toilet equipment

more universally than any other article. They are made of iron, steel, bronze, silver or gold, according to the caste or wealth of the owner. She assured me of both the elegance and antiquity of this practice among her people from her reading, and from the age, art and decoration of these instruments.

This paper makes no claim to an exhaustive discussion of the entire technique of curettage and its indications, or to a thorough treatment of all phases of the broad subject of endometritis. Time and space allowed here are rather too limited for such comprehensive discussion, and the purpose of this paper is merely to call to mind some features of interest.

The war concerning the choice of the dull or sharp curette is almost over, and the sharps may be said to have won. I do not see how the dull wire of Thomas ever removed any of the mucous membrane of the uterus unless it was ready to fall off. Anything accomplished by its use must have been placebo. Since the first dull curette was made there has been a general compromise going on, and the dulls have become sharper and the sharps duller.

Generally speaking, more depends on the skill, judgment and experience of the operator than upon the instrument. It is more important that the instrument be made of such shape as to reach every part of the uterine interior. This desideratum is not usually attained by a single instrument. A curette that will reach the fundus and cornua must be very narrow, and its curetting edge nearly at right angles to its length. If such instrument is used for the lateral walls, its narrowness will require many parallel downward strokes taken with rare discrimination to reach all the surface. Thorough, even curetting—and no other is ever to be advised in endometritis—is very doubtful without using two curettes, one narrow, with cutting edge almost at right angles to the handle, the other wider, with cutting edge at an angle of forty-five degrees with its handle.

In a class in Martin's clinic in Berlin last summer, instructed by Orthman, I learned what has been in my hands the most important step in the technique of curettage. It consists in allowing an assistant to steady the uterus with a volvulum, or better, two pairs of bullet forceps, grasping the anterior lip of the cervix

after the uterus is dilated and cleansed and ready for the curette, instead of the operator doing the necessary traction and steadyng with his unengaged hand.

The index finger, or index and middle finger, of the free hand is now pushed into the vagina fornix, opposite to the curette, against the uterine wall under treatment. In this way intelligent and regular counter-pressure is kept up in distinct apposition to the pressure of the curette within the uterus. It gives clear tactile information of the thickness and resistance of the uterine walls, and assists very materially in straightening out any flexions that may be present, thus enabling the scraping part of the instrument to reach areas of endometrium just above the angle of the flexed wall.

Every one in this line of work knows the difficulty of getting satisfactory pressure against all of the interior of a very mobile womb, which, despite all fixations secured by the volsellar traction and counter-pressure above the pubes with the free hand, continues to wabble away from the curette pressure. All who have tried this procedure find it a most useful adjunct to the technique, and I commend it to those who have not employed this method as worthy of fair trial and constant practice.

In every curettage the operator should satisfy himself that the uterus is as free as possible from infection before the curette enters the uterus. It is the usual practice to spend much time, energy and antiseptics in sterilizing the vagina. With all rational attempts in this direction I have no contention, and to all such endeavor I most heartily subscribe.

That in each case which is in any way infectious some bacteria will escape the slaughter of sterilization is highly probable, but we should leave as few as possible for nature to destroy. To sterilize the vagina alone is doing only a part of our duty. I fear that many uteri are allowed to escape this preliminary purification. In many instances I have seen the operator, after the dilatation, at once take up the curette and lay bare the musculature and lay open the vessels and lymphatics of the uterus, without removing the mucus, blood and any possible cocci that may be within the cavity. The curette, therefore, might drive such infection as might be present into the wall, and it certainly is more likely to do so than if

such poison were in the vagina. It is best to sterilize the cervical canal before even introducing the dilator, and after this then secure dilatation, after which sterilize the uterine cavity before the curetting commences. It does not matter much how this is done, except that it is well done. There must be thorough careful and complete wiping of the cavity with cotton, carrying first peroxide of hydrogen, or some alkali to dissolve the mucus, then with bichloride, carbolic acid or lysol in solutions of germicidal strength. Wipe and rewipe, and yet wipe again. It is very irrational to take less time and trouble in cleansing the uterine canal than in cleaning the wide and open canal, the vagina, which is only the avenue of approach.

It seems much like the mistake of early listerism in cleansing, steaming and sterilizing the air through which we reached our patient instead of the patient himself.

After the womb is thoroughly curetted—and this is never done until the endometrium is denuded in every part—the débris of curettage must be carefully removed. For this purpose I believe the spoon curette of Martin, or some such instrument, should be first employed, although for thorough, coarser particles, washing with sterile water, followed by careful mopping with cotton, will accomplish the purpose.

To irrigate or not to irrigate the womb is still a moot question, and the only contra-indication worthy of discussion is the possibility of throwing the irrigating fluid through the Fallopian tubes.

To those of large surgical observation this is hardly entitled to consideration, if the irrigation is properly done—that is, if the stream is of small calibre and force and the reflux ample. No other irrigation should ever be practiced. The purpose of this irrigation should be clearly kept in view. It is used to clean the uterus and stop hemorrhage. As said above, the spoon curette and careful wiping with dry cotton will do the former, and packing the uterus will do the latter, so that the necessity of irrigation is thus practically reduced to the vanishing point.

After the cleasing, what should be the next step? Here the answer depends upon the indications. In an ordinary case of non specific or non-infectious endometritis,

where the purpose is to remove a diseased endometrium and to stimulate a flabby uterus to make a new one, I believe in the value of iodine, and apply it to the uterine wall in the form of the tincture carried in on a saturated cotton pledge.

If, as is mostly the case, there is a mixed condition of simple endometritis with some infection, as indicated by a muco-purulent discharge, preference is given to iodized phenol similarly applied.

If the case is septic or specific, carbolic acid, 50 per cent. or 75 per cent. in glycerine, or pure, is a useful application.

In this connection there is one most important step to be taken in all cases of this type. After the uterus is cleansed of all curette products, it will continue to ooze, especially if the curetting has been well done. The presence of blood in the cavity, or a thick layer of it on the uterine wall, will be sufficient in a few seconds to furnish enough in quantity to completely take up and almost wholly neutralize any amount of coagulant medicament which can be carried in on the ordinary cotton pledge. This blood coagulation, therefore, will most probably defeat almost entirely the action of the application. It prevents the drug used from coming in proper contact with the uterine wall.

To accomplish the ultimate purpose of the operation, it has been my custom to secure the cleanest possible uterine wall. To this end, after the uterus has been mopped and remopped as dry as possible, a long narrow clamp, grasping one side of a loose, flat layer of dry sterile cotton, which is wrapped around the closed blades of the clamp, is thrust into the uterine cavity and allowed to remain there for a few seconds. The dry cotton takes up the blood and dries the raw endometrium.

Now the operator takes the saturated medicated cotton on the uterine dressing forceps in his right hand, holds the uterus by the fixing volsella with left hand, and as an assistant withdraws the cotton-covered clamp from the womb, instantly plunges the dressing forceps to the fundus, thus medicating the uterine walls before blood enough has oozed to take up the medicine and defeat the treatment.

Many operators have a stream of water thrown into the vagina while introducing the medication pledge into the uterus. This dilutes the application as it enters,

and spreads the diluted liquid over the vagina. If a collar of wet cotton is placed carefully about the cervix and os externum it will take up any excess and prevent damage to the vagina.

It is gratifying to note that there are symptoms of revolt against the practice of packing the uterus with gauze after each curetting. In a discussion of this practice it is well for us to get a clear conception of what is required after the endometrium has been treated with the proper medicament.

If the foregoing method of curetting is carried out the uterine wall will discharge a mixture of blood, serum, a little mucus, and, despite all our aseptic precautions, some cocci in infectious cases will be amongst the débris. This exudate will be mingled with and changed by the fluid used in the treatment. It is, therefore, an irritant, and should come away by drainage. In infectious cases it is septic, and there is imperative demand for its prompt evacuation. Any retention of such matter is dangerous, and any obstruction to its free discharge is irrational and a menace to recovery.

Gauze fills the uterus, and only so far as it is dry does it drain, and then only such material as it will hold to the point of saturation. This point of saturation and limit of drainage is reached in a few minutes, after which the presence of soaked gauze is both an obstruction and a danger. It soon becomes a culture-bed for cocci. It is common experience that it causes pain, and often a slight rise of temperature disappears on its removal. I believe such fever is for the most part septic, and there is no gain from the packing to compensate for such risk of sepsis. This condition is liable to do harm in all specific, infective and mixed cases. It does no good in simple non-infectious cases, unless hemorrhage is severe. It is a hemostatic, but never a drain other than its capacity for absorption, and when full it is a dangerous foreign body in the uterus.

The use of gauze packing should be limited to cases that bleed, whether due to circulatory forms of endometritis or post-partum and post-abortive cases. In the latter the hemorrhage can usually be checked by bimanual massage and hot water. If nothing but packing will stop the bleeding, the gauze should be pressed in tightly and never allowed to remain

more than twenty-four hours. If hemorrhage recurs on its removal the uterus may be repacked.

If the curette is employed in the hemorrhage of malignant disease as a palliative measure, gauze packing may be used for the same purpose.

In the treatment of flexions of the uterus gauze may be tightly packed into the uterus to hold the canal straight for a short time, and at the same time to maintain dilatation. I am almost convinced, however, that this is not good practice, for the instances in which I have used hollow stem pessaries instead of the gauze have done so much better than the packed cases that I am persuaded it is both more efficient and safer treatment.

A word in conclusion as to the frequency of curettage. There can be little doubt that the performance is overdone. This is but the natural result of an easy procedure, where the field of operation is hidden, and therefore its inefficiency concealed. This very useful and rational proceeding is much more abused than oophorectomy ever was, so that the uncuretted woman is becoming quite a novelty. If the abuse goes on a common social salutation among women in the drawing-room will be, "When were you curetted?" "How's your endometrium?"

In order to stop this profanation of a valuable agency in our surgery, and to save it and ourselves from opprobrium, we must clarify the obscurity which hangs over the indications for the use of the curette. A clearer comprehension of endometritis, its etiology and pathology, and its proper relation to conditions of invalidism and suffering in women, is a "consummation devoutly to be wished."

22 West Seventh Street.

NAPHTHALAN is the substance which Voges calls an antitoxin for mosquito bites. He states that its action on the poison from the bite is as effective and specific as that of an antitoxin on the bacterial toxin. Voges is at the head of the National Department of Hygiene of the Argentine Republic.—*Med. Times.*

LIVING in the open air all day, and free ventilation of the sleeping room at night, will do much to promote sleep in insomnia.—*Med. Summary.*

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of April 8, 1901.

THE PRESIDENT, N. P. DANDRIDGE, M.D., IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

Specimen of Ovarian Cyst.

DR. MERRILL RICKETTS: I have here an ovarian cyst of the right ovary which was removed from a woman, seventy-two years of age, a patient of Dr. Tuft, of Hartwell. I saw her Friday, and at that time there was some ascites in the abdominal cavity. I suspected rupture of an ovarian cyst, and so expressed myself. Upon introducing my fingers into the vagina a tumor pressing down upon the rectum was found. Her temperature was 100°, and had been so for three days. I introduced my finger into the rectum and could touch the presenting mass, and I had some suspicion that there might be some malignant growth present in the fundus of the uterus. The cervix was small and gave no indication of involvement. The tumor could be felt over the pubis. An incision allowed one and one-half quarts of bloody fluid to escape, and when the tumor presented itself it was found that it was a ruptured cyst. The pedicle was very small, about the size of the little finger. Since the operation the patient has been doing very well indeed; her temperature is normal and she is able to take nourishment.

Patient died from ileus at the end of the fourth day.

Discussion on Typhoid Perforation.

DR. BYRON STANTON: In regard to the first case reported by Dr. Dandridge, the symptoms which were present were not very marked; they were only a little more severe than is usually the case in a child of that age. The fever ran a comparatively mild course, and there was nothing particularly bad about the symptoms except that it was a rather tedious case, and there was no indication of a serious condition until the time of perforation. It was recognized soon after it occurred, but the

operation, as Dr. Dandridge informs us, was not performed for some time. I know of no way of foretelling perforation, and yet there may be conditions in the patient which would suggest more strongly the liability to perforation. Those conditions have been referred to in the paper of Dr. Brown—the severe diarrhea and great distention of the bowel, both of which conditions were present in this case.

DR. L. A. MOLONY: I think in these cases a great deal can be done along the line of prophylaxis with a view to preventing perforation. It seems to me in cases of typhoid fever that we do a great deal more than we should along the line of medication, which is wholly unnecessary. In certain cases, for instance, we give too much whisky. I do not believe we should give this except where there is a failing heart, or where there exists a tendency toward the alcoholic habit. I am at present treating a case of typhoid fever in a private ward of the hospital. The fever has run a typical course, and so far I have given very little medication. The patient did not require much stimulation, and when he did received strychnia. About the only other medicine which has been given him is turpentine, ten drops. His temperature has been up to 105°, fluctuating between that and 103°. The high temperature was reduced by sponging. In the early part of the disease he received tepid baths, and as his temperature went up, colder baths were given him, and finally ice-water baths. He had marked tympanites, with tenderness, and it was for this that I gave him the turpentine. The turpentine, with acacia as a vehicle, and some cherry-laurel water added, was administered at first three-hourly. The time for administration was gradually extended with the subsidence of the pain and distention until finally only two doses were given within twenty-four hours, and eventually discontinued. I believe depression and lowered resistance can come from too promiscuous medication, and especially the too free use of antipyretic powders. This patient has now reached the seventh day of his convalescence, and his temperature has been normal for these seven days. Of course, it is not possible to speak positively from this one case, but I have in mind quite a number of others, and it certainly shows what can be done by prophylaxis.

DR. ROBERT C. JONES: In 1897 I had under my care a series of four cases of typhoid fever in one family, which were of especial interest on account of the age of the patients and the probable cause of death of one of them. One was aged five years, one three years, and the other two were twins aged fourteen months. In the two older and one of the twins the disease ran the ordinary course, except that, as in most children whom I have seen with this disease, the onset was sudden, with a temperature of 104° to 105° on the first or second day. In the other child, fourteen months of age, the disease pursued the usual course, the temperature reaching 105°, and convalescence was apparently established, when, on the thirty-first day of the attack, I was summoned, finding the child in a condition of profound collapse, with the temperature subnormal, and the skin cold and clammy. Within a few hours there was marked tympanites, the temperature rose to 105°, and death occurred within fifteen hours. At that time death was attributed to perforation, and while no autopsy was permitted, I have since seen no reason to change my opinion.

I mention the case this evening to illustrate that, while perforation is extremely rare in children as young as this one, as has been mentioned by the essayist, yet it does occur occasionally, and it is well to be prepared for it.

DR. S. P. KRAMER: I had the opportunity of operating on one case of typhoid perforation, which, while it did not save the life of the patient, nevertheless taught me a few things. The patient was a young man in the third week of the disease, and the operation was made within five hours after the onset of the symptoms of perforation. He had very marked tenderness on the right side, the rectus muscle on that side being very much harder than on the other. After opening the abdomen on the right side, as in the operation for appendicitis, I found the appearance of the bowel at the point of perforation to be very striking. In one coil of the small intestine as it was brought into view could be seen a number of Peyer's patches, which were deeply injected, while the patch which was perforated had an opening in it about the size of a pinhead, and was dead white in color, having the appearance of coagulation necrosis. In this

case I took care to avoid putting the sutures into the diseased tissue as much as possible, so I tucked in a good deal of the tissue—as much as I thought was involved in the Peyer's patch—so that all of the necrotic tissue was tucked into the lumen of the bowel and sutures were run over it. Notwithstanding all this the man died in thirty-six hours.

The trouble with these cases of perforation is that they have the typhoid fever, and usually a very severe typhoid fever, and that, of course, militates against recovery. I feel that if I should have occasion to operate again on one of these cases I should employ continuous flushing, and by that I mean that I would run a current of warm physiological salt solution through the abdomen, at least for twenty-four hours, as much to combat the abdominal shock as for the purpose of cleaning the cavity.

I would like to say a word or two in regard to diagnosis. There is a great deal of talk about differentiation between perforation and peritonitis in typhoid fever. To my mind this is more or less absurd, because there is no difference; the symptoms of perforation in typhoid fever are the symptoms of peritonitis, and it is impossible to say in a given case of peritonitis in typhoid fever whether the peritonitis is due to perforation, or is due to an extension of the inflammation through the perineum without perforation; and I believe hesitating a day or two, or even three days, as is done in order to make this differentiation, or to make sure that there is a perforation, has lost a good many lives. I believe if one would operate in a good many of those cases of typhoid fever where we have well-marked symptoms of peritonitis without trying to differentiate, or waiting for assurance that there is a perforation, we should probably save more lives.

DR. F. O. MARSH: It has been my misfortune during my private practice to encounter three well-marked cases of typhoid perforation. I have had two or three other cases apparently typhoid in some of our severe epidemics, these cases dying of acute peritonitis, in whom no clear history of perforation could be obtained. Among the three cases spoken of above was a man about sixty years of age, who had a well-marked case of typhoid fever and the typical symptoms of perfora-

tion. He died in three or four days. Another case was that of a boy twelve years old, who, when I saw him, was suffering from peritonitis and was very tympanitic. He had the characteristic rose spots. It was also my misfortune to lose another case similar to the above, and these three cases were included in a report which I had the honor to make to this Academy about two years ago. The last mentioned was a comparatively mild case. The man had been sick two weeks, and in spite of all precautions he would insist upon getting out of bed to urinate, and part of the time he would force himself to assume a standing posture, and while in this position one day he suddenly experienced an intense pain in the perineum, and when I saw him he was still suffering with pain in that region. Considerable abdominal tenderness developed, and subsequently all the characteristic symptoms of perforation. An extreme case of peritonitis developed, and he lived about a week. During the last few days of his life I gave him eight to ten grains of morphine hypodermatically, and only then could keep him comparatively comfortable.

At the time I reported this case, two years ago, I asked the question as to whether or not operation was advisable, but did not succeed in getting an opinion on the subject. It is gratifying to learn that recent experiences in these cases where surgery has been brought into play give us reason to believe we can with hope encourage patients to undergo an operation for this condition, and urge them to adopt this means early. One of the things which contributes not a little to the success of these operations is the power we have of cleansing the folds of the mesentery. When we consider the dangers which attend any operation upon the intestines on account of the decomposing matter, feces, etc., present in them, the matter of cleanliness comes to be a very important factor. Then, too, there is a good deal of manipulation of the intestines and mesentery required, which is also very detrimental.

During my service as pathologist at the Cincinnati Hospital it occurred to me that it might be an advantage to operate upon certain classes of cases under water—that is, placing the patient in a bathtub and having the abdomen submerged in warm normal salt solution. Of course, a large

quantity of water would be required. About that time I made some effort to carry out the above mentioned experiment, but the opportune time did not come. Some physiologists who have been in the habit of operating upon animals in a warm water bath state that the animals suffer much less from shock.

DR. N. P. DANDRIDGE : The matter of making a correct diagnosis before operative interference is resorted to in these cases is a most important question. There have undoubtedly been cases operated upon in which no perforation has been found. Warren, in his statistics which he reported to the Surgical Association, reports three cases of this sort, in which the abdomen was opened and nothing found to account for the symptoms present. We have already reached the stage in our experience when we can say positively that we have much better results than we had any reason theoretically to believe. In the quotation which I made from Osler you will remember that he divides these cases into three classes, viz., those which must necessarily be fatal on account of the condition of the patient at the time of the operation; those that go on and die from the typhoid fever unaffected by the operation, and those which get well. If we meet with success in our operation it must undoubtedly be from prompt interference, and yet it is a question which has not been decided whether we should operate in the midst of profound depression which characterizes the onset of perforation, or whether we should wait for a few hours until the patient has to a certain extent rallied. In the second case which I reported the patient rallied very considerably. The onset of the symptoms occurred at 9 o'clock, and at 2 o'clock the pulse had recuperated. This, of course, was greatly in favor of a successful operation.

Another fact which Abbé brought out in connection with his two successful cases is not to operate in a haphazard way. The necessity for the operation must not permit us to neglect precautions which are very necessary in other abdominal operations, so we should not operate until we are thoroughly prepared with proper assistance and proper surroundings.

I brought this matter before the Academy for the purpose of calling attention especially to it in the hope that for these cases a much larger field for operative interfer-

ence may be opened out in the future, that men may be more on the *qui vive*, so that when threatening symptoms develop—the sudden onset of abdominal pain with collapse, particularly if the pain is located in the right iliac region—special watchfulness may be called forth and preparation made for operation, but at the same time I think that caution is advisable against too much enthusiasm for operative interference for cases which do not need it. No doubt operative measures have been instituted when the conditions did not warrant it, but the successes which have been recorded have all been due to prompt interference, and such success as Osler reports from Johns Hopkins—six successful cases out of sixteen—certainly shows that there is a definite field for operative interference.

DR. MARK A. BROWN : I have very little to add to what has already been said. I purposely said nothing in regard to the differential diagnosis for the reason that I assumed that the diagnosis of typhoid fever had already been made in the case. To have gone into this phase of the subject would have prolonged the paper to undue length and brought out a great deal of unprofitable discussion.

Painless Removal of Adherent Dressings.

Patients, as well as practitioners, are familiar with the suffering entailed by the removal of gauze dressings, these dressings having the drawback of adhering very closely to granulating surfaces owing to their loose texture. Anesthesia has abolished the pain attending surgical operations, but leaves the patient exposed to the pain of repeated renewal of the dressings. Dr. von Mikulicz, of Breslau, suggests an easy means of obviating this drawback, viz., by wetting the dressings with oxygenized water. This provokes a copious evolution of bubbles of gas, the mechanical effect of which is to free the gauze and allow its removal without causing pain. The method is so simple as to deserve the notice of surgeons.—*Med. Press and Circular.*

SIMPLE tapping, under full antisepsis, may be relied upon to relieve any hydrocele, and will cure a small percentage of cases.—*Med. Summary.*

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
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SATURDAY, JUNE 15, 1901.

A NATIONAL ACADEMY FOR ORIGINAL RESEARCH.

A few weeks ago notice was made in these columns of the erection of new laboratory buildings by the University of Pennsylvania. During the past week has appeared the announcement of even greater importance to medicine—that Mr. John D. Rockefeller has determined to endow an institution of national import entirely for the prosecution of original research work. With the large mind with which this gentleman has directed his business affairs, he has associated with himself in this enterprise a number of the leading pathologists of the country, under the chairmanship of Dr. William H. Welch, of Johns Hopkins University, who will be remembered not only as a great pathologist, but as the dean of the medical college first among American schools to be recognized abroad as an institution of commendable scientific achievement. The success obtained here, often under the most trying circumstances, will undoubtedly be surpassed when the fact of unlimited financial support and the character and scope of the work to be done is taken into consideration.

As was to be expected, no sooner had the generous offer been made public than Professor Nobody, of Nowhere, hoping

to draw attention to his insignificant self, rises and sings in the long meter his touching little song of "Rockefellerism," warning the poor gullible American public against accepting gifts that have conditions attached to them; he evidently feared the rich even when bearing gifts. In plain English we would say that Mr. Rockefeller would be a fool, almost a rogue, to give his millions to any enterprise in which he could not have some "say" as to the manner in which the money is to be used. We have heard from many sources that indiscriminate charity breeds pauperism; it is at least equally true that indiscriminate endowment would shortly lead to fraud and corruption. Mr. Rockefeller is right in believing that no one will so well attend to the proper utilization of his money as he himself. To say, as has been proclaimed again and again by irresponsible people in the public press, that a man who gives away millions to some worthy enterprise is not competent to advise as to its proper disposal is ridiculous on the face of it, and worthy of no consideration whatsoever. No man, no matter how wealthy, will dispose of a portion of that wealth without great thought and investigation as to the merits of his intended charity. It would be too great a departure from the business methods he has so long followed. It is time that the tirade of abuse directed against the wealthy men of this country, who are endeavoring in a generous way to worthily dispose of some of their money, is stopped, or their detractors will wake up some fine morning and find that the gentlemen have become tired of being abused and that the golden shower has ceased. We are glad that Mr. Rockefeller has turned his attention to medical science, and especially to a field destined to work such great and far-reaching benefits. Medicine, outside of Philadelphia and Baltimore, has reaped practically *nil* from endowments. Perhaps this new gift will direct the attention of other

wealthy men toward the same great cause. Would that a little Rockefellerism could be inoculated into our own local medical circles!

M. A. B.

PUBLIC SCHOOL BUILDINGS.

The investigation of city school buildings instituted by one of the evening papers has been concluded. The condition of our public schools, though perhaps known to be bad by everyone who had given the matter a moment's consideration, has been found to be worse than expected even by the most pessimistic; as the Health Officer of the city is alleged to have said in a recent interview, there are four or five of the buildings that ought to be burned. In this we most heartily concur; it would be a great financial saving in the long run. As long as matters are being agitated just so long will promises be made and the usual patchwork performed. But as soon as the hue and cry is over things will fall into the same old rut, and will probably be even worse than before. The recommendations of Dr. Kramer would not entail a great expense; even if the cost were very great, the citizens of Cincinnati would interpose no objection, knowing that the health of their children is at stake. Within the past few days has appeared the order of the Health Officer to the Board of Education to make necessary improvements in fifteen of the schools, and the promise of the Chairman of that Board that the order will be obeyed. The Health Officer is acting well within his authority in his demand, and it is to be hoped that the opening of the fall session will find our schools if not modern, at least suitably tenable for human beings.

M. A. B.

OBLIGATORY DECLARATION OF TUBERCULOSIS.

The Societe de Médecine et de Chirurgie Pratique, of Paris, by a *unanimous vote*, decided against the obligatory declaration

of tuberculosis at its *séance* May 2, 1901, under its President, Dr. Toledano. The two other leading medical societies will, without doubt, take a similar action as soon as the discussions on serotherapy are over. The opinion seems generally confirmed that consumption is not a contagious disease, and even Brouardel gives evident signs of weakening from his original position.

T. C. M.

OUR MEDICAL LIBRARIES.

With each recurring inauguration the President of the Academy of Medicine urges upon the members the necessity of a library. Usually this contemplates only current medical literature, for there is no prospect, near or remote, that we will have a permanent home of our own in which can be placed standard works, with room for expansion.

In the Public Library is the Mussey Library, with such works as have been added from time to time. These number about 6,500 volumes. Hidden away, and inaccessible to a degree, they are consulted by few medical men. By the rules of the Public Library these books are free to whomsoever calls for them, and are read by the young from motives of curiosity or pruriently, and by older people with real or fancied diseases, who, with ill-advised zeal, are trying to work out their own diagnosis and treatment, usually to their injury.

In the attic of the Cincinnati Hospital is another library, filled to overflowing with valuable works. Remote from the centre of travel, reached by the slowest of elevators, open only in the hours when physicians are busiest, it might as well be in the suburbs.

In this place a portion of the library of the Academy, which has about 1,000 volumes and pamphlets, is stored. The balance is in the cellar. What member of the Academy—except the librarian—has ever seen these books? Some day a fire may destroy the whole collection, for it

will be impossible for the attendants to do more than save themselves, and material that cannot be replaced will be lost.

Awaiting a safe and suitable place is the splendid library left to the Medical College of Ohio by Dr. Whittaker.

The need of laboratories—a most urgent one, indeed—having been in a measure supplied by the action of the trustees and staff of the Cincinnati Hospital, a movement to make our libraries available should be begun. It is believed private libraries of great value would be given if a safe and convenient building was provided.

A. G. D.

The Doctor's Fee.

What fee a doctor should charge has always been an unsettled question. There is no limit to the amount as to what a physician or surgeon may charge. There must be a minimum fee established and abided by. John B. Roberts says:

"There is, it seems to me, one just plan by which fees should be regulated. It is that the doctor should have an estimate of the value of his services, operative or otherwise, fixed in his mind. The amount should be based on his experience and skill. It should not be so low as to coax away unjustly the patients of the younger and less experienced men of the profession. This fee should be lessened when the financial position of the patient would make its payment a serious burden. It is not professional or humane to take a man's income for a whole year, to pay for the doctor's bill of a whole month."—*Charlotte Med. Journal.*

FOR RENT—Office of two cheerful rooms, at 507 W. Seventh Street; has been occupied by a physician for seventeen years.

AN ELEMENT OF SUCCESS.—A proper diagnosis alone does not imply success in treatment. Having made a diagnosis of endometritis, subinvolution, vaginitis, cystitis and other inflammatory conditions of the female genito-urinary organs, success in treatment is assured by the use of Micajah's Medicated Uterine Wafers, because they combine all the properties essential in the management of these cases—viz., anti-septic, astringent, alterative and antiphlogistic. No powder to spill or soil the clothing. Samples and literature on request. Micajah & Co., Warren, Pa.

Correspondence.

THE AMERICAN MEDICAL ASSOCIATION.

ST. PAUL, MINN., June 7, 1901.

Editor LANCET-CLINIC:

The fifty-second Annual meeting of the American Medical Association has closed after transacting business of great importance for its future usefulness. The attendance was up to the average. The weather was pleasant, a no small item for the comfort of the visitors.

The address of the President, our fellow-townsman, Dr. Charles A. L. Reed, was a masterly effort, and was well received by the members of the Association.

Cincinnati was represented by Drs. C. A. L. Reed, W. D. Haines, William H. Wenning, George E. Malsbury, E. Gustav Zinke, C. L. Bonifield, Louis Schwab, William D. Porter, T. V. Fitzpatrick, M. L. Heidingsfield, H. J. Whitacre, L. J. Krouse, F. W. Langdon, Orpheus Everts, and Edwin Ricketts.

The most important matter before the Association was the reorganization, over which question there was considerable contention. The constitution was changed so as to federate all the State organizations into this Association. There is to be a House of Delegates, not exceeding 150 members, elected by the State medical societies, one delegate for each 500 members of the State society and one for any additional fraction of that number; two delegates elected by each section of the Association; one delegate each from the medical departments of the U. S. Army and U. S. Navy, and one from the U. S. Marine-Hospital Service.

The House of Delegates is to be the legislative and fiscal body of the Association.

There is a referendum, by which the House of Delegates shall, upon a three-fourths vote of its own members, or upon a four-fifths vote of the General Session, submit any question, either through the *Journal* or by mail, to the general membership for final vote.

Among the papers of general interest was one read by Dr. George J. Engelmann, of Boston, entitled "The Increas-

ing Sterility of American Women." He shows that the percentage of sterility in the United States is higher than that recorded in any other country—being 20 per cent.; that the percentage of miscarriage and divorce is likewise higher; that of fecundity is lower than any other country. European women average four and a half children to each married woman; in Boston the average is one and eight-tenths in recent years. The essayist regards the causes for this state of affairs as being moral rather than medical. He gets his facts from case-histories, from gynecological and town records, and statistical data from various parts of the country. According to these facts this country would be in a worse way than France were it not for the immigration that replenishes the land.

When responding to a toast on Medical Education at the banquet of the Sections on Surgery and Gynecology, Dr. William L. Rodman, a professor of surgery in a Philadelphia medical school, called the attention of the assembly to the embarrassment and inconvenience medical men are often put to in moving from one State to another on account of laws that compel an examination before one is allowed to practice. In his case he was called from Louisville, Ky., to a professorship in Philadelphia, and in order to practice his profession in that city he was compelled to stand an examination in the primary branches of medicine as well as the more practical. To do so he had to have a tutor for chemistry, physiology, etc., subjects in which most physicians get "rusty" after a few years. He thought there ought to be some reciprocating arrangements between the various States whereby one may go into any State without being subjected to an examination which but few practicing physicians can pass without special preparation for the ordeal. Medical men change location so frequently on account of health, family ties and other reasons that it is only just and fair for every State to make some provision for the recognition of diplomas of those schools which come up to a certain standard.

Dr. John A. Wyeth, New York City, was elected to the Presidency for the ensuing year, and the Association will meet next year at Saratoga, N. Y.

Respectfully,
J. AMBROSE JOHNSTON, M.D.

BIOPLASM IN GYNECOLOGICAL PRACTICE.

NEW YORK, June 8, 1901.

Editor LANCET-CLINIC:

A drug which I have found of extreme value in gynecological practice is Bioplasm, from the *Saracenia Purpura*. It has a contracting effect upon the unstripped muscular fibre. In relaxation of the appendages, vaginal canal and uterine muscular fibre, it seems to restore normal physiological tone where the condition is not of too long standing. I have treated four cases of prolapse with most satisfactory results.

My method is to deplete (if congested) with glycerine tampons, then keep the uterus in place by cotton wool tampons and ichthylol, or a soft rubber pessary, have patient douche morning and night with hot water and soda bicarb. solution and give internally Bioplasm (Schieffelin & Co.), grs. x to xv three or four times daily, preferably after eating.

This drug has also given excellent results in subinvolution, menorrhagia, post-partum hemorrhagia, and some forms of dysmenorrhea. Respectfully,

EDWIN F. BOWERS, M.D.

418 West Nineteenth Street.

Removal of Diseased Ovaries.

In a case reported by Lapthorn Smith (*American Journal of Obstetrics*) there were misplaced and inflamed ovaries causing the patient misery, with complete absence of sexual feeling. The ovaries were removed, as the patient had been under medical treatment for years without benefit. The result was restoration to health and complete restoration of sexual feeling. The cure seems to be permanent, and he agrees with Lawson Tait, that in cases of useless and diseased ovaries, the removal of the diseased structure restores the normal condition, and does not unsex the woman.—*Med. Times*.

BROMIDE of camphor is especially valuable in diminishing the attacks of epilepsy and undoubtedly diminishes the vertigo which accompanies this condition. Where the temperature falls below normal, the remedy should be immediately withdrawn.—*Med. Summary*.

Current Literature.

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Clean Milk.

Cow's milk is practically the universal food of early life and hence its production and handling are most important considerations for the physician. That the profession is becoming alive to this question is evidenced in a number of ways. The hygienic condition of the dairy farm, the care of the cows, the personal habits of the milkers, the utensils used in collection and transportation of the milk, the proper temperature to be maintained and various other factors in the problem have all been subjected to the closest study. The question practically reduces itself to one of strictest cleanliness and a constant application of cold in the care of the milk. The test of uncleanliness consists in an increase in the proportion of lactic acid generated in the milk and in a large increase in the number of bacteria per cubic centimeter. Lactic acid is an expression of bacterial growth.

In a recent work by Farrington and Woll is found the following paragraph, which well epitomizes present knowledge on the subject: "Bacteriological examinations of milk from different sources and of the same milk at different times have shown that there is a direct relation between the bacteria found in normal milk and its acidity; the larger the number of bacteria per unit of milk, the higher the acidity of milk. The increase in the acidity of milk on standing is caused by the breaking down of milk-sugar into lactic acid through the influence of acid-forming bacteria. Since the bacteria get into the milk through lack of cleanliness during the milking, and careless handling of the milk after milking, this being kept under conditions that favor the multiplication of the bacteria contained therein, it follows that an acidity test of fresh milk will give a good clue to the care bestowed in handling the milk. Such a test will show which patrons take good care of their milk and those who do not wash their cans clean, or their hands and the udders of the cows before milking, and have dirty ways generally in milking and caring for the milk." These facts should be brought to the atten-

tion of farmers and milk-dealers generally, as a very simple test will show the proportion of lactic acid present in a given sample of milk and hence indirectly of its cleanliness. Over two hundred species of bacteria have been found in milk, about twenty of which produce lactic acid. Some species of bacteria produce peculiar effects in milk that may embarrass the dealer. These effects may show asropy, slimy, blue and red milk. The way to keep the bacteria out of milk is to collect and keep it under conditions of the strictest cleanliness. With such precautions milk will keep sweet and wholesome for a long time. Chapin in a recent article makes the statement that properly handled and cooled milk shipped from Illinois, New York and New Jersey to the Paris Exposition last summer was used when it arrived, and was then better than the average daily milk supply of Paris. This shows the possibilities in the problem of clean milk.

The certifying of clean milk by medical commissioners, as inaugurated by Coit, is now carried on in Boston, New York, Philadelphia, Newark and Buffalo. These commissions deal usually with one dairyman who must follow the rules of the commission and subject his milk to frequent examinations. The New York County Medical Society has recently appointed a commission that stands ready to certify the milk of any dealer that comes up to the required standard. Directions concerning the care of the stable, the cows and the milk are furnished as a guide.

The circular containing the directions closes as follows:

"The Milk Commission of the New York County Medical Society agrees to guarantee or certify the milk of all dealers desiring such certificate. A special label will be furnished for this purpose. The standard required to obtain this indorsement will be that the acidity must not be higher than .2 per cent., and that the milk must not contain more than 30,000 germs, or bacteria of any kind, to the cubic centimetre. This will be tentatively adopted as a standard of clean milk, as bacteria get into the milk through lack of cleanliness during the milking and careless handling of the milk after the milking, and hence is a good clue to the care bestowed in the production and general handling of milk. The milk, before testing, must be

in its natural state, not having been heated and without the addition of coloring matter or preservatives. The butter fat must reach 3.5 per cent. Examinations must be made by the experts retained by the commission, with a frequency at its option, according to the season and the general condition of the milk under inspection, and at least once a month. The commission reserves the right to change its standard, in any reasonable manner, upon due notice being given to the dealer. The expense of the examination will be met by the dealer. All reports of examinations will be strictly confidential between the commission and the individual dealer."

It is to be hoped that this movement in the direction of better and cleaner milk will be successful, and extend wherever milk is used for infant feeding.—*Archives of Pediatrics.*

Use of Veratrum Viride in the Treatment of Pneumonia.

E. W. Sanders (*St. Louis Med. Review*) recommends the use of this drug in the treatment of pneumonia, owing to the fact that it diminishes the pulse-rate, lessens arterial pressure, and diminishes the number and depth of the respirations. It also reduces the temperature from one to three degrees, and gives the patient a feeling of well-being.

The writer says the great objection which has been raised against this drug is that it depresses and weakens the heart. With great care in the administration of the remedy, the heart should not be weakened; in fact, the quieting of the arterial excitement rests the heart. There is a stage, however, beyond which the drug acts as a great depressant. If veratrum is given in large doses, the heart becomes very slow, and the blood pressure falls; but suddenly the blood pressure becomes normal or increases above normal and the heart beat becomes very rapid. This effect is very dangerous, but with any ordinary degree of care this secondary effect can be avoided. The veratrum is best given in small doses, two or three minims every hour until the pulse is normal. The intervals should then be very much lengthened, or, better still, in case the pulse can be watched by a competent nurse, stopped entirely for a few hours until it is noticed that the pulse rate is increasing in rapidity,

when a smaller dose should be administered.

When consolidation is complete, nothing can be gained by veratrum. Digitalis, caffeine, camphor and strychnine are then indicated. By these agents, veratrum, with hydrotherapy and cardiac stimulants, the mortality of pneumonia should not be more than 10 per cent.—*Med. Age.*

Diseases in Schools, and Medical Inspection.

The preservation of the health of a child during the immature period of life is absolutely essential to its normal development in body and mind. E. V. Silner emphasizes this fact in the *Medical Age*, where he says:

Physicians attending solely to the diseases of children have stated that they believe seven-eighths of the contagious diseases in children were contracted in school. I have often found, when called upon to attend some child suffering with some form of contagious disease, that in many cases a child in the next seat had previously been absent on account of some sickness, and have not been surprised to learn that that child had had the same disease and was absent but three or four weeks. In one instance my patient told me that "the little girl's hands looked as though the skin was all coming off." In another family, where I found three children with whooping-cough, the mother told me that the "children of such and such a family had whooping-cough, but were attending the same school daily."

The diseases that most frequently spread in schools are: diphtheria, scarlet fever, measles, whooping-cough, chicken-pox, and smallpox.

When one thinks of these diseases, he can hardly believe that a fully developed contagious disease could remain among forty or fifty children any length of time without being discovered. Yet this is so.

The period of incubation is so insidious, and an ambitious child so often conceals his ills, that children are often found in crowded class-rooms with a beginning diphtheria, a mild scarlet rash, or an innocent cough which rapidly develops into whooping-cough. Again, children are often seen with their throats tied up, and an examination frequently shows the diphtheria bacilli.

Scabies, ringworm, and pediculosis are frequently found in large city schools. There are three sources of danger from these cases:

1. Being in school during the inception and development of the diseases.
2. Returning to school too early in the convalescence.
3. In attendance in school during a light and overlooked attack of contagious diseases. (The first and third might perhaps be thought of as one.)—*Charlotte Med. Journal.*

Gasoline as a Surgical Dressing.

The *Canadian Practitioner and Review* records the novel use of gasoline as a surgical dressing. Dr. Riordan has been using gasoline for the last four years in cleansing the field of operation, in cleaning traumatic wounds, and in the subsequent dressings of all classes of wounds—not using water or other lotions or solutions—and can now recommend a trial of this common detergent in ordinary surgical work. He was led to use gasoline first for the purpose of cleansing from injured parts what railway employés call black oil. We all know how black and grimy are the hands of railway employés engaged in shop work and about locomotives. While working in their ordinary occupations an accident occurs—fingers are crushed, for instance. The injured person comes under the surgeon's care. The surgeon's first duty is to see that the injured parts and the surrounding tissues are thoroughly and surgically deterged or made surgically clean. Soap and warm water with a brush has been the usual means employed, also ether, alcohol, etc. He found the process to be slow, painful and not always thorough, as we understand surgical cleanliness, and the idea of using gasoline as a detergent readily suggested itself, as this substance has been used for years to cleanse grease stains from clothing, gloves, etc. He finds that it does not irritate fresh wounds or granulating surfaces any more than water does. It is best applied by taking an ordinary wipe, made of cotton batting or sterilized gauze, and wiping the parts which it is desired to cleanse. The gasoline immediately evaporates and leaves the surface dry and perfectly free from grease. This will be found an advantage where sectional strapping by adhesive plaster is to be used, as

the plaster adheres much more firmly when the skin is free from any oily substance.—*Colorado Med. Journal.*

Automatic Safety-Valve Stopper—A Device Preventing the Bursting of Peroxide of Hydrogen Bottles.

The great trouble with peroxide preparations is that if the containers are tightly corked, the oxygen which separates and is set free, slowly but constantly as time passes, accumulates, until the bottles can no longer stand the pressure and burst, or the corks are driven out. Of the two alternatives, the bursting of the bottles is the most objectionable feature on account of the danger attached to it.

Containers of the hydrogen peroxide, U. S. P., which is a comparatively weak solution of H_2O_2 , yielding but 10 volumes of oxygen, may be closed with a wooden stopper, which, by the porous nature of the material, permits the escape of the



(a) Puncture,

CUT No. 1.—Illustrates the cross section of the safety valve rubber cork, showing the wooden top and the puncture at the bottom. A thin strip of paraffined paper is inserted into the puncture.

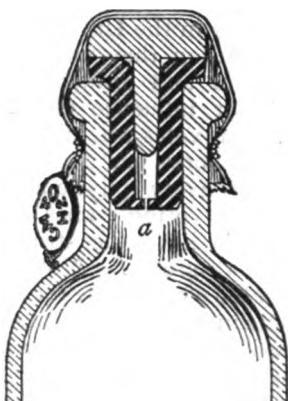
gas almost as soon as it is set free, thus avoiding explosion and rupture of the bottles or the driving out of the corks.

While these wooden stoppers answer very well for solutions of H_2O_2 responding to 10 volumes of oxygen or less, with stronger solutions, such, for instance, as Marchand's peroxide of hydrogen medicinal (15 volumes), or his hydrozone (30 volumes of oxygen), they are quickly attacked by the solutions, as are also the ordinary corks, and within four months are completely oxidized, not merely bleached, but rendered so soft that they cut like pot cheese. From that time the goods are unfit for sale.

In order to prevent these difficulties and especially to obviate the bursting of the bottles containing hydrozone, Mr. Marchand, the manufacturer of that article

and other well-known brands of peroxide of hydrogen, has devised an ingenious stopper which he calls the "automatic safety-valve rubber cork," and which is shown in the illustration.

The material of the stopper is vulcanized rubber. The beveled end is punctured through in such a manner that when the pressure in the bottle rises above 5 to 8 pounds to the square inch (according to



(a) Puncture.

CUT No. 2.—Illustrates the cross section of a bottle corked and capped with vegetable parchment and paraffined muslin; no wire.

the thickness of the rubber at the bottom, which may vary slightly), the excess of free oxygen finds free egress and thus relieves the tension.

The device is first inserted, and a plug of porous wood is then driven in, thus stiffening the rubber and completing the operation of "corking."

The capping consists of vegetable parchment covered with paraffined muslin, no wiring being used or needed.

It is easily seen that this style of closing the bottle obviates the possibility of bursting. Assuming even that through some imperfection of the stopper, the puncture should close, as soon as the pressure rises, to a point far within that required for rupture of the bottle, the stopper, not being wired down, will yield and be forced out.

Retail druggists who have for so many years been the chief sufferers and losers from the bursting of the peroxide containers, and the deterioration of the substance otherwise from the causes indicated above, will welcome Mr. Marchand's invention as a happy solution of what has

to them been a very serious problem in the past, since it will enable them to supply their trade with the higher solutions of hydrogen peroxide, and especially that preparation of Marchand's for which the stopper was particularly designed, "hydrozone," which carries 30 volumes of oxygen.

The device described above—the automatic safety-valve stopper—having entirely obviated the danger arising from the explosion of bottles in handling, there is certain to be a largely increased demand for Marchand's concentrated solutions of the peroxide of hydrogen (which alone will be corked with the patented stopper), since physicians anxious to obtain quick results will never prescribe anything but the most active solutions, or those richest in active oxygen, and since druggists will



CUT No. 3.—Illustrates the top of the bottle with the seal.

be protected absolutely against loss by deterioration or explosion. The medical profession is being thoroughly advised of Mr. Marchand's new method of closing his bottles of "peroxide of hydrogen medicinal" and "hydrozone," and will be certain to avail themselves of the advantages thus guaranteed them.—*National Druggist.*

Olshausen on Operation for Cancer of the Uterus.

In a discussion on this subject at the Surgical Congress, Professor Olshausen said that when cancer had extended beyond the uterus its extent could not be calculated. Up to four years ago he had limited his operation to disease restricted to the uterus. For three and a half years

he had rather extended the indications. With the large amount of material at hand he now felt it his duty to attempt to widen the indications. Up to 1891 he had operated in 31 per cent. of the cases, then 44 per cent., and in the last five years he had performed the radical operation in 50 per cent. The greater part of the recurrences took place within two years; this might take place within five years, and he had seen recurrences after twelve. The result showed freedom from disease in 74 per cent. after two years, 31.9 after five years. Of 100 carcinomata, 50 were operated on, 47 recovered from the operation, and of this number 18 were still living and healthy five years after. Schuchardt's incision was rarely necessary, and it involved danger of hemorrhage and infection of the wound. He could not therefore look upon it as generally requisite but only for special cases. Doe derlein's procedure was an advance as regarded extirpation, but it required some consideration. In case of suppurating carcinoma of the portio there was risk of septic infection, but for commencing disease the procedure was suitable. It consisted in (1) drawing the portio forwards by means of forceps; (2) splitting of the posterior cervical wall whereby Douglas' pouch was opened, widened by two transverse neurons, drawing down of the uterus. Then splitting of the anterior wall of the uterus and next of the anterior cervical wall, and the two halves of the uterus are then drawn out. In this way wounding of the bladder and ureter is avoided.—*Berlin Cor. Med. Press and Circular.*

Cure for the Nostrum Evil.

Germany has solved the nostrum problem easily. In Germany, every "patent medicine" must have the approval of an examining board before it can be offered for sale. It can neither be advertised nor sold until the board has incontrovertible evidence that it is beneficial for the purposes claimed. Even after it has been passed by the board, the formula must be printed on every bottle or package offered for sale. They have solved the problem. No American citizen would pay a dollar for a solution of Epsom salts, colored with caramel, and guaranteed to heal all the ills to which the human flesh is heir, if he knew what he was doing; he would buy

the salts for a nickel, but he would likely consult a doctor before buying it. No people in the world have more confidence in their doctors than the people of the United States have in us.

Our political machines are more easily influenced than those of Germany. Our people would stand by us if we would make a man-like effort to fight the dragon, and also educate our clientele. No opportunity could be more propitious. The 100,000 doctors in the United States can get any legislation they wish. He must be a very poor and unsuccessful doctor who could not influence twenty votes; and two million votes would do anything. Five hundred votes per doctor could be counted on if every physician worked. But before the voting comes the "wire pulling." We have the strength here, too, if we but use it. Note how the *doctors* defeated a candidate for the United States Senate in one of our Western States, only because he had abused them.

We may well afford to follow the plan evolved in Germany. The doctors of the United States can do it without perspiration, if they will. Let every physician write to his Assemblymen and State Senator; let him get ten of his friends to do the same; let him repeat the dose at least three times in each session, and each State will soon have such a law. Such a united effort will defeat the lobbying of the nostrum vendor.—*Med. World.*

Accident Insurance Companies Versus Doctors.

It would seem that the accident insurance companies and casualty companies of this country are organized and working against the interests of the doctors. The premiums paid upon their policies are always sufficient to meet all losses and leave enough in addition to pay handsome dividends. They are not satisfied with this, however; they are constantly trying to take advantage of the physicians who work for them by reducing their bills without even so much as consulting the doctor. Recently a number of cases of this kind have come under our observation. A young physician was employed by a manufacturing firm to look after their injured. He told me that he had recently sent a bill for services which was hardly sufficient to cover car-fare, bandages, and

actual time at wage rates, and after some weeks' delay the insurance company had the cheek to send him a check for one-third of the amount of the bill. Another friend of our acquaintance presented a bill for services rendered and received a check for less than half the amount of the bill. He, however, returned the check and told them they must have made a mistake by leaving out some of the figures. This was hint enough, and they very promptly sent a check for the full amount.

The prices paid by these insurance companies are niggardly and mean at best, and the idea of having them deliberately cut the fee which has already been reduced is a thing that no respectable doctor can afford to tolerate. The sooner the profession as a whole realizes that this thing is an imposition, unwarranted in every particular, and refuses to work for these companies at such unjust and unreasonable rates, the better it will be for all concerned. — *American Practitioner and News.*

A Means of Procuring Agreeable Anesthesia.

Under anesthesia by nitrous oxide gas the patient usually experiences more or less disagreeable sensations, or rather impressions manifested by tears, cries, or other forms of emotional excitement. On investigation it is found that these psychical phenomena are associated with external noises of some kind, and this fact suggested to an ingenious dentist the possibility of securing agreeable dreams by employing music as an adjunct to anesthesia. This he obtains by means of a phonograph which pours forth dulcet strains during the period of unconsciousness. He claims that under the empire of "linked sweatiness long drawn out" the patient, far from fighting his way through a maze of uncongenial dreams, awakens with regret from the delightful state into which he has been plunged by the combination of music and nitrous oxide. It is well known that the induction of anesthesia, whether by gas, chloroform or ether, proceeds more smoothly if strict silence be maintained. Nothing distresses the patient in the pre-anesthetic stage so much as the noise of talking or the clash of instruments and the impressions thus caused may influence the whole duration of anesthesia. It follows quite

logically that if we wish the patient to pass calmly and agreeably into the subconscious state no better means suggests itself than to turn on the phonograph, or other source of musical strains, and we look forward to the time when anesthetists will regard the musical box as an indispensable part of their armamentarium.—*Med. Press and Circular.*

Snoring Extraordinary.

Whether or not intense snoring constitutes a sanitary nuisance in the legal acceptation of the term was the difficult problem for a decision recently before a magistrate of the Westminster Police Court, London. The substance of the story, as told by the *Gazette Médicale*, is as follows:

Miss Jane Ship, a domestic temporarily out of a place, applied for lodging at a small hotel at Queen's Gate, and being of respectable appearance was admitted without further question on the payment of a week's lodging in advance. After an ample meal she retired to her new apartment and was soon in the arms of gentle Morpheus. In about half an hour the whole house was startled by a terrible noise. The women and children shrieked and those who preserved their *sangfroid* gathered in their valuable belongings ready to leave their quarters. The noise continuing in full force the landlord started on a tour of investigation. He soon discovered that all the tumult originated in the new tenant's room. He knocked on the door and all sounds ceased. The young woman awakening, voluntarily confessed her infirmity and in tears told that by reason of it she could never remain in service anywhere longer than the customary week. The unsympathetic proprietor ordered her to leave the house at once; but as she had paid for a week in advance she refused to go. A policeman was called, and refused to interfere on the complaint offered. The landlord seeing his tenants preparing to desert him, appealed to the neighboring magistrate. This functionary was greatly perplexed as to what course he could legally pursue to help the proprietor. He first considered the advisability of finding an expert on snoring, and have him spend a night in the hotel and report, but finally decided to give a judicial opinion on the testimony offered. This latter was most

amusing, one of the witnesses, a respectable clergyman, actually comparing the snoring of the buxom Jane to the trumpet-sound on Judgment Day—enough to waken the dead. The magistrate concluded that Miss Ship could be legally evicted on the restoration of her week's payment, and thereby increased tenfold his popularity in the neighborhood.—*Indian Lancet.*

Curetting the Urethra in the Treatment of Chronic Posterior Urethritis.

George Walker (*Maryland Med. Journal*, March, 1901) recommends the curetting of the urethra in the treatment of chronic posterior urethritis. Preparatory to the operation the urethra is thoroughly irrigated with a 1 to 40,000 bichloride solution, and then a 4 per cent. cocaine solution is instilled and held five minutes. An endoscopic tube, as large as possible, is introduced, and the diseased spot is localized by illumination. The curette is next applied, and the portion in view thoroughly scraped, so that the diseased tissue at this place is entirely removed, and along with it the epithelial layer and submucous tissue if necessary. After this has been done a 10 per cent. solution of nitrate of silver is applied to the spot by means of a cotton pledge. The endoscope is then pulled slightly forward, and another area is treated in the same manner. If the disease has extended deeply, so that much superficial tissue needs to be removed, it is best to do only a small amount at one sitting—say not more than one centimetre in length. In some cases, where the bleeding is extensive, the light must be dispensed with, for the blood soon obscures the lamp. The writer has found that after a little practice one can judge by the touch and can work almost as well without direct vision. The bleeding in most cases is slight, and almost immediately subsides. The pain is slight, and if the cocaine has been rightly applied there is scarcely any sensation.

Following the treatment there is usually set up a rather profuse purulent discharge, which lasts for one or two days. On microscopic examination it is found to be loaded with small short bacilli, diplococci, and usually a few gonococci. For this the writer uses twice daily an irrigation of 1 to 50,000 bichloride solution.

The writer has had marked success in

this manner of treatment of chronic posterior urethritis.—*Med. Age.*

The Castor Oil Plant and Mosquitoes.

We would draw the attention of our readers to a curious property possessed by the castor oil plant (*Ricinus communis*), of keeping off mosquitoes. In Upper India where this shrub is largely grown the villagers have a theory that the planting it round their fields keeps off injurious insects from their crops. That it does not keep off all insects is quite certain, many caterpillars, notably the one that makes Assam silk, feeding on it freely. Such traditions, however, often have more in them than the scientist is disposed at first to believe—witness the story which is vastly older in Bengal than the mosquito theory, that sleeping under a mosquito net is a protection against fever. The supposition, in this case, was that the fever germs floated about in the air and that the mosquito net stopped them. It was not dreamt that the mosquito was the means of conveyance, and that the reason the net prevented fever was because it kept these insects outside, but the observed fact was nevertheless there. The castor oil story we believe is similarly worth very careful investigation. It is to the effect that the plant is so distasteful to mosquitoes that these insects will not remain either about houses where the shrubs are planted, or in rooms where the cut branches, leaves and seeds have been exposed. The discovery we must credit, however, to Consul Plumacher, of Maracaibo, who is said to have addressed the State Department at Washington on the subject.—*Indian Lancet.*

The Part Played by Iron in Blood Production.

Hoffmann (*Virchow's Archiv*) says the form in which iron is administered matters little. It is absorbed in the duodenum, and circulates in the blood in combination with an albuminous substance, carried by certain transporting cells. These can be demonstrated in large numbers in the marrow as well as in the liver and spleen. The red blood cells are increased rather more quickly than is the hemoglobin during the period of iron administration, and it seems that the metal has a physiological action upon bone marrow, stimulating the

young forms of cells to mature and enter the blood as non-nucleated erythrocytes. Iron preparations other than the pure metal and ferratin are superfluous, and hemoglobin preparations are irrational, since it is only upon the amount of metallic iron which is reserved that the effect depends.

This stimulating action of iron upon the marrow gives an insight into the nature of chlorosis, in which condition iron acts so well. Chlorosis probably is a condition of temporary lack of ability on the part of the bone marrow, a blood-producing organ, manifesting itself only at puberty, or a congenital hypoplasia, lasting throughout life. In severe cases it may be accompanied by hypoplasia of the blood-carrying apparatus and even of the genital tract. This weakness on the part of the marrow is evidenced by a production of erythrocytes, which are pathological in form, and in the amount of hemoglobin which they carry.—*Archives of Pediatrics.*

Affections of the Larynx in Diabetes.

Dr. O. Leichtenstern draws attention to a special affection of the larynx and also sometimes of the pharynx, occurring at an early period of diabetes. He describes it under the name of laryngoxerosis, or dryness of the larynx. It is not, strictly speaking, a laryngitis, because the vocal cords are not reddened or swollen and there is no formation of crusts. In the four cases which he cites the patients complained principally of a slight hoarseness, fatigue in speaking, and dryness of the throat, coming on particularly after a more or less prolonged use of the voice. In two of the patients objective examination of the pharynx and larynx revealed nothing abnormal. The other two had dry pharyngitis, while in one case the vocal cords were equally dry. In other respects all the patients were in good health and complained of no other trouble, no polydipsia, no polyphagia, no polyuria. It was only by reason of his habit of examining the urine of all his patients that the writer discovered small amounts of sugar in the urine of these four patients. In all the cases the treatment appropriate to diabetes gave excellent results as regards the laryngeal and pharyngeal troubles.—*Indian Lancet.*

Book Reviews.

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A System of Physiologic Therapeutics: A Practical Exposition of the Methods, other than Drug-Giving, Useful in the Treatment of the Sick. Edited by SOLOMON SOLIS-COHEN, A.M., M.D., Professor of Medicine and Therapeutics in the Philadelphia Poly-clinic; Lecturer on Clinical Medicine at Jefferson Medical College, etc. In eleven volumes—Volumes I and II—Electrotherapy, by GEORGE W. JACOBY, M.D., Consulting Neurologist to the German Hospital, New York City; to the Infirmary for Women and Children, etc. In two books—Book I: Electro-physics, Apparatus Required for the Therapeutic and Diagnostic Use of Electricity, with 163 illustrations; Book II: Diagnosis, Therapeutics. Illustrated. Published by P. Blakiston's Son & Co., 1912 Walnut Street, Philadelphia, Pa. Price, eleven volumes, \$22.00 net.

The definition of physiologic therapeutics is a peculiarly happy one: "By physiologic therapeutics is meant the utilization in the management of the sick of agencies similar to those constantly acting upon the human body in health, but because of some departure from health needing to be especially exaggerated or localized in their action." With this definition in mind it is the intention of the editor to issue a series of books bearing upon the practical aspect of what we have heretofore termed non-medicinal therapeutic measures, as electricity, massage, hydrotherapy, diet, change of climate, rest, suggestion, and the other aids to the *materia medica* that are being so constantly employed.

The first volume is probably the least practical of the series, as it deals entirely with the various electric machines and currents.

Volume II, however, is eminently practical, discussing in a clear and concise manner not only therapeutics as applied to the various tissues and organs of the body, but also electro-physiology and pathology, electro-diagnosis and prognosis.

As regards the employment of electricity in the specialties, the author has associated with him Dr. Edward Jackson on the use of electricity in diseases of the eye; Dr. William Scheppegrell, diseases of the throat, nose and ear; Dr. J. C. Da Costa, general surgery; Dr. T. H. Martin, gyn-

cology; Dr. A. H. Ohmann-Dumesnil, diseases of the skin—a list of writers assuring the best of treatment in the branches named.

The idea of the series is certainly an attractive one, and will undoubtedly meet with success on account of its practical nature and the tendency of the times to turn from the use of drugs and endeavor to assist nature in a more practical way.

M. A. B.

Diseases of the Stomach: Their Special Pathology, Diagnosis and Treatment, with Sections on Anatomy, Physiology, Chemical and Microscopical Examination of Stomach-Contents, Dietetics, Surgery of the Stomach, etc. By JOHN C. HEMMETER, M.D., Professor in the Medical Department of the University of Maryland, Baltimore. With many original illustrations, a number of which are in colors. Second edition, enlarged and revised. Octavo, 898 pages. Price \$6.00 net, cloth. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa.

It seems remarkable that, even in this age of special work, nearly nine hundred pages—and readable pages at that—could be written on affections of this organ. Yet such is the case, and so well has the writer performed his work that the result must ever stand as a monument to American medicine. The book is not a compilation of the work of foreign writers, as has so frequently been the case, but in almost every instance the writer has followed original lines wherever possible and worked out his own methods of examination and diagnosis; as a consequence the first portion of the book will be found most interesting. At the same time he has not neglected to review in full the many new methods that have of late been introduced by his colleagues. Part II has been devoted to the therapy and *materia medica* of stomach diseases, dealing not alone with drugs, which play but a minor rôle in gastric therapy, but particularly with diet, mineral waters, lavage and surgical interference. The concluding third describes the diseases that are liable to attack the stomach proper, and enters into details in a way that no writer on this side has yet done. The new edition has followed the first so promptly that one would hardly expect any changes of importance, yet probably two-thirds of the work has been rewritten, especially the chapters on "Motor Insufficiency," "Gastropostosis and Enteroptosis." New

matter on "Hypertrophic Stenosis of the Pylorus," "The Use and Abuse of Rest and Exercise in the Treatment of Digestive Diseases" has been incorporated.

M. A. B.

Atlas and Epitome of Labor and Operative Obstetrics. From fifth German edition.

Atlas and Epitome of Obstetric Diagnosis and Treatment. From second German edition.

By DR. O. SHAEFFER, of Heidelberg. Edited by T. CLIFTON EDGAR, M.D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School.

These two volumes are of great value to teachers as well as students of obstetrics. The illustrations (many of them colored) are beautiful and numerous. In all 17 colored plates with 122 figures in volume "Atlas and Epitome of Labor and Operative Obstetrics," while the other volume devoted to "Diagnosis and Treatment" has 72 colored plates and 159 figures. The reading matter is concise but up-to-date, and is placed before the profession in an interesting and readable manner. The author and publishers are to be congratulated, and we feel sure that these books will fill the place for which they are intended.

M. A. T.

Rubber Gloves for Surgical Work.

Deaver, of Philadelphia, says: "I am a firm believer in rubber gloves, because they not only diminish the risk of infection, but they protect the surgeon; you cannot boil the hands, but you can boil gloves, and thus be sure of the only absolutely reliable method of sterilization."—*Clinical Review*.

Necrosis.

Necrosis of the jaw may be due to any condition liable to give rise to inflammation of its periosteum by injury due to extraction of teeth, by various suppurative diseases, the acute exanthemata, pyemia, actinomycosis, etc., or by the action of various diathetic processes, such as syphilis, tubercle or leprosy.—*Ex.*

MONSEL's solution, placed under the ingrowing edge of a toe-nail, will tan the inflamed tissue and tend toward a cure. The application should be kept on for a number of days. The nail should be scraped very thin in the middle line.—*Ex.*

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

JUNE 22, 1901.

WHOLE VOLUME LXXXV.

INTRA-LIGAMENTOUS OVARIAN CYSTS: DIAGNOSIS AND TREATMENT.

BY CHAUNCEY D. PALMER, M.D.,
CINCINNATI.

It must be apparent to every thinking gynecologist that the classification of ovarian tumors, as presented in almost all text-books on gynecology, is very unsatisfactory. Two of the most complete and reliable arrangements of these growths may be found in American works, written by Fellows of this society. What we need, it seems to me, is a classification at once clear to our understanding, and helpful to us by way of diagnosis and treatment.

In a word, in a general and clinical sense, we may refer to all ovarian neoplasms as being malignant or innocent, solid or cystic. Then, too, there are *oöphoritic*, *par oöphoritic*, and *par-ovarian*.

The oöphoritic cysts are: the hydrops folliculorum—a dropsical formation of some Graafian follicles or corpora lutea. It is a cystic degeneration, a dilatation of sacs, by serous accumulation, from non-rupture, by virtue of some thickening or hardening of the ovarian cortex. It is quite common, found in all ages of life of sexual activity, and is often only a hyper-physiological process, although too often assumed to be a justification for an abdominal section and ovarian extirpation.

The Graafian follicle may also degenerate into the formation of a unilocular cyst, limited in size, and continue thus for years; or, more often, the cyst becomes multilocular, so developing by a simultaneous distention and coalescing of contiguous follicles, and some morbid activity of the germinal epithelium of the connective tissue elements of this organ—a cysto-adenomata. This glandular formation is the most common of all, and is at times rapid and unlimited in growth.

All oöphoritic cysts have a Graafian follicular origin. Seldom are they papillomatous; usually do they have a pedicle. They grow from the free border of the organ, and almost always are intra-peritoneal or extra-ligamentous.

The par-oöphoritic cyst, starting as it does from the hilum of the ovary, is usually small, of slow growth, unilocular and papillomatous, often bilateral. It may be extra-ligamentous and intra-peritoneal, or intra-ligamentous and extra-peritoneal.

All kinds of cystic tumors from this region—the oöphoritic, the par-oöphoritic and the par-ovarian (from female epididymis)—may grow into, as well as outside of, the broad ligament. In other words, any one of the three varieties may in time become anatomically, and, of course, surgically, intra-ligamentous. Unquestionably the par-oöphoritic cyst is most apt to take on this special course of movement in its progressive development.

We must ever bear in mind the distinctive differences between a ligamentous and an intra-ligamentous tumor. No operation in gynecology presents so many difficulties, such delay of procedure, such confusion of technique, and seriousness of prognosis, as does the removal of some intra-ligamentous tumors.

Are there any means at our disposal which, before removal, will enable us to differentiate these formations? And what are the best methods of manipulation?

As these cysts, in their development, unfold the layers of the broad ligament, becoming incarcerated in its structure, it follows that they are more difficult to differentiate. But can we not be reasonably assured of their presence and location by the following?

* Read before the American Gynecological Association, in Chicago, May 31, 1901.

1. They are lower than usual in the pelvic cavity. They may extend from their base outside of the peritoneal cavity, to between the uterus and rectum, or bladder.

2. They are more or less connected with, and adherent to, the uterus.

3. They are smaller relatively in size, have fewer daughter cysts, and have a slower growth.

4. They often displace the uterus to the opposite side, and may make it immobile.

5. They are more apt to press upon the bladder, and obstruct the rectum.

6. They are more apt, by intra-pelvic compaction, to compress the ureters, causing hydro nephrosis.

7. Intestinal adhesions are not uncommon, from a secondary infected peritoneum.

8. So, too, there are increased chances of their infection, from a septic uterus or intestines; hence, oftentimes suppuration of their contents.

9. Not unfrequently are they bilateral.

10. Usually they are papillomatous, proliferating; which papilla may rupture the cyst wall, and lie free in the peritoneal cavity, then grow on neighboring organs. Hence, metastatic infection of the peritoneum.

Many of us have been mistaken in differentiating a fibroid tumor, extra-uterine, having undergone cystic degeneration, for an ovarian cyst, and *vice versa*. The intra-ligamentous cysts, for reasons stated, are most apt so to deceive us.

All ovarian cysts of whatever kind should be removed by surgical procedures; the sooner the better. All intra-ligamentous cysts, if successfully extirpated, demand more time, a most correct knowledge of the parts and surroundings, and superior skill.

Permit me to suggest that many of us have erred in precipitously proceeding to remove morbid growths so soon as the abdominal cavity has been opened. Just at this very time unusual opportunities are presented for us to *see and to feel*, and to *map out, what is, where it is, and what means are best to adopt*. A few moments thus spent at this time are well spent. The balance of life may hang on our decision at this critical moment. Suspicions can now be confirmed or dismissed. If the cyst is intra-ligamentous, and if the growths are bilateral, we want to know

it. Certain knowledge of this kind should govern our conduct.

Intra-ligamentous par ovarian cysts are, as a rule, most easily peeled out of the broad ligaments; so may any other kind of a cyst which is loosely attached within its surrounding folds. There is not much hemorrhage, nor is there a large bleeding cavity left behind. Enucleation, first intelligently suggested and skillfully executed by Miner, of Buffalo, in 1876, can be done, but it ought only to be attempted when these attachments are superficial. The ligation of the ovarian artery, near to the pelvic wall, and also its anastomosing branch with the uterine artery, alongside of the uterine structure, are, of course, first required. Enucleation is commenced on the upper surface, where the sac is freest from vessels. But the greatest difficulties are experienced in the extirpation of par-oöphoritic cysts, because so deeply situated, and because so firmly imbedded in the surrounding structures—so near to and about the uterus that they become part and parcel of its texture. These are the cases which are commonly called "*inoperative*" cases, and resigned as "*incomplete*" operations. "They are the patients that die on the table," said Goodell.

The enucleation of par-oöphoritic cysts, entirely intra ligamentous, is apt to leave the lateral uterine walls irregular, ragged and raw. Large sac cavities are not easily closed. The facking of the peritoneal sac into the lower angle of the incision means an imperfect technique and prolonged septic convalescence. The separation of innumerable adhesions, the exsection of redundant tissues, and an over-stitching of the parts, are necessitated—difficulties intensified if these tumors are bilateral. Because they are papillomatous, a complete eradication of every part of the cyst wall is more urgent; any remaining portion leads to recurrences, generally death.

The close relationship of the ureters on either side to the bases of these cysts—the field of the operation most difficult—calls for the greatest care not to disturb their lumen. I have on several occasions of this kind noticed these channels laid bare, stripped of their environments.

The dangers of wounding the uterine arteries are also considerable. It has been suggested that, in many cases, where intra ligamentary growths are suspected,

it is best to secure the uterine artery or arteries through the vaginal vault, before making any opening into the abdomen. The greatest objection to this step is in mistaking a non-ligamentous cyst for an intra-ligamentous cyst. Hence, it is better to defer this step until section has been made.

If cysts of considerable size are detected in both broad ligaments, and are intimately bound near to the uterus, a complete hysterectomy, near to the vaginal junction, it seems to me, will yield the best results. One cyst is tapped, emptied. Both ovarian arteries are ligated with stout cat-gut. One broad ligament is gradually divided down near the uterine artery, which in turn is tied, the uterus transversely excised near to the vaginal junction, lifted up and towards the severed side, when the dissection is continued with proper ligation of vessels on the opposite. The bladder is peeled down in safety. Nothing is gained by leaving the uterus, more or less mutilated on its lateral borders. A complete arrest of hemorrhage is now best secured. The dangers of septic infection are minimized by a careful over-stitching of all raw surfaces with fine cat-gut; by the making of a free opening for drainage through the Douglass fossa into the vaginal canal; by the packing of the retro-uterine space with loose sterilized gauze, the ends of which do project to within the vagina, and its removal in a few days.

If hysterectomy is indicated in cases of bilateral intra-ligamentous cysts of much size, because of the close connection to, and the intimate relation of and about, this central organ of the female pelvis, it certainly is doubly called for in all cases associated with seriously diseased uterus—done down to the cervical junction always, and including the cervix, when it is much involved in disease.

Vaginal drainage in suppurating cysts, attached to the pelvic floor, is one of our most recent improvements in gynecology.

Enucleation and hysterectomy call for the Trendelenburg posture.

My personal experience, from irrigation of the peritoneal cavity, with gallons of hot (110° F.) salt water, patient in the horizontal posture, in this and many cases of abdominal section, is very satisfactory.

Any decided post-operative manifestation of septic peritonitis can best be encountered and controlled by a continuous

peritoneal irrigation, for hours or days, of hot sterilized water. Two gum catheters, or an appropriate glass tube, for an entrance and exit current, are in union inserted deep within the abdomen, and a moderate current of warm (98° F.) water, from a quart funnel, is continuously, for hours or days, permitted to flow into and from the infected peritoneal cavity. The abdominal opening, for the passage of the entrance and exit current tubes, must be hermetically sealed with collodion. A nurse is ever at hand to keep the receiving reservoir supplied with proper sterilized water at a suitable temperature.

Some recent works on gynecology refer to hysterectomy in bad cases of intra-ligamentous cysts. The author has never performed it in these cases without mental comfort and satisfaction, but has regretted its neglect in other cases which have proved fatal. Dr. R. B. Hall, of Cincinnati, I find has advocated its adoption under these circumstances (Southern Surgical and Gynecological Transactions for 1897). While I feel in duty bound to refer to his paper, and also that of Hawkins, of Denver, I have for several years, before seeing their reports, found myself compelled by a rational conviction in these cases to adopt this surgical procedure. My last case, reported to the Cincinnati Academy of Medicine, after an enucleation of a right intra-ligamentary cyst, was relieved of a left one, so located, by a hysterectomy.

In fine, then, most cases of intra-ligamentous cysts, bilateral, deeply imbedded, thus forbidding efforts at enucleation, when so treated in this, the seemingly more radical but really the more rational way, do, or ought to, I believe, get well. The end justifies the means, for "the end crowns all."

Olive Oil for Gall-Stones.

Witthauer reports a case in which 137 stones were passed by a patient to whom olive oil was given daily in doses of from twelve to sixteen ounces. When the patient could no longer tolerate the oil by the stomach it was administered by the rectum.—*Modern Medicine*.

FOR night sweats tr. hydrastis canadensis, in five- to twenty-drop doses, has proved valuable.—*Med. Summary*.

MATHEMATICS IN MEDICINE.

BY H. H. SPIERS, M.D.,
RAVENNA, O.

In my boyhood days I taught a winter school in the village of R—. On entering the school building early one morning I found written on the blackboard the following :

$$x + y = z$$

$$xy = z$$

The value of z , please?"

A question at once entered my mind. Who wants a solution? Several weeks later I learned a Mr. —, who had taught in the village, desired one.

Algebra is used but little in medicine, yet the writer thinks its introduction would lead to more accuracy in definition, solve many hard problems, and clear up some points now obscure.

In illustration, take the word heredity. What is meant by heredity? The author defines it a prenatal inheritance. Whatever one receives in bone, blood, muscle, etc., prior to birth is by heredity. Let us see if this be true. Suppose one or both parents have a constitutional disease. Does the definition hold? If not there is a mathematical inaccuracy. If true, there is heredity in every distinctly blood disease, etc. We quote from "Tuberculosis or Consumption," page 23, as follows : " You have a son to send to college. You call before you five leading clinicians in the State and put to each the test question : What factor is heredity in tuberculosis? Listen to the answers : Nothing, little, much, a great deal, all. What arises in your mind? One of two things—either these teachers are deceiving you or else they do not understand the business they profess. Who can instruct except they who know?"

But, replies a germ theorist, if tuberculosis be caused by a germ, which we have every reason to believe; if the growing germ be not transmitted, as experiments seem to show, what matters it whether heredity be much or little? Let us see. " It would seem much easier to formulate a cohesive and rational theory of the propagation of tubercular disease by infection than to account for it by heredity." (Ohio Agricultural Experiment Station, 1899, Bulletin 108, page 364.)

The writer thinks this statement manifestly unfair. Remember, it is a public

document, paid for by the great State of Ohio. The present writer has no motive other than the advancement of medical science. He has a right to ask fairness. In what does the unfairness consist? In the ambiguous word heredity. Does heredity mean nothing, little, much, a great deal, or all? Much depends on the answer. The majority of germ theorists claim heredity is nothing. In place of heredity put nothing, and then read : " It would seem easier, etc., to formulate, etc., by infection than to account for it by nothing." Not only would it seem easier but *it would be easier*. Of this the writer feels certain.

Who claims heredity is all? Perhaps, all told, about five persons in the United States. To whom, then, is the committee of this experiment station talking? To these five. What does the great majority of the medical profession hold? *That heredity is a factor in tuberculosis—a variable factor. In some cases more, in other cases less.* Refer to history. We will attempt to explain this later.

Now look at the unfairness of the above statement in the light of mathematics. To compare a factor or part with an entity or whole as to the formation of a theory. Manifestly unfair! One thing should be required of all public servants, viz., accuracy of statement, mathematics in definition.

Says the same authority on next page (365) : " In discussing the question of heredity we should keep clearly in mind the biological meaning of the term." Exactly. This is just what the germ theorist does *not* do. The germ theorist claims the germ grows indifferently in any soil, i.e., the germ tubercle bacillus is the cause of tuberculosis. The writer says not so. *A soil must be prepared*, i.e., the soil must precede the growing germ. The germ theorist says that heredity is practically zero. The spread of the disease is from the germ alone. The writer says not so. Heredity is a factor. *A soil may be transmitted*. This soil aids in spread of disease. What is the order of the biologist? Soil, plant, growth or fruitage. Who keeps the biological meaning most clearly? Mathematics in statement is required.

Why is heredity a variable factor? Simply because it does not occur in two cases just alike. Let me illustrate. A

father has tuberculosis; his partner in life is in good health; heredity in the child is one factor. Both parents are in good health; heredity in offspring of these parents is another factor. Both parents have tuberculosis; the child in this case is still another factor. The mother has tuberculosis, the father is in good health; the offspring are other factors. And so on *ad libitum* in as many conditions as the parents may be found.

Again, the parents' occupation, environment, etc., cause a variable condition of blood due to perfect or imperfect aeration, and this continued in the parents and transmitted to an offspring cause variation in heredity as a factor.

The great body of physicians in America are as honest and as competent as any physicians on the face of this earth. In saying heredity is a factor in tuberculosis they express a great truth. *It is a factor.* But we must look yet further. Heredity is not the cause of tuberculosis. The cause is suspension of atmospheric influence. Heredity as a factor aids this cause in the extension of the disease.

Moral: In the prevention of tuberculosis heredity must be regarded in connection with suspension.

A question is now presented to the germ theorist, viz., Why the diversity of opinion, past and present, in regard to heredity if the germ theory be true? In heredity what is transmitted? If there be transmission at all there must be an entity.

In order to understand this rightly, one must first clearly comprehend the law of tuberculosis. What does this law teach or show? In every case of suspension from whatever cause, there is first an impurity of the blood due to imperfect aeration. This, if continued, leads to a condition of tissue favorable to the growth of tubercle bacilli. The tubercle bacilli may be ubiquitous, but they are not omniscient. They grow, but they grow as all plant life—in a soil prepared.

Now take this truth and use it in connection with heredity. What is the entity transmitted in heredity? A prepared soil. We have, then, in heredity an identical condition as in suspension at the first. Suspension creates a soil and heredity transmits a soil and *they (the soil) are one and the same.*

Illustration: Mrs. A. has poor ventila-

tion in her home. She becomes pregnant. During the months of gestation the imperfect aeration continues, and it induces an impurity of the blood and a condition of the system or tissue favorable to the growth of the tubercle bacilli. The fetus receives the same blood and the same condition of tissue. Is this clear? This is heredity in the child.

Should tubercle bacilli be found growing in the mother they may sometimes be found growing in the child. In either case, the mother or child alike allow the growth.

Or, perhaps better, let the illustration be taken from life. Mrs. T., of E., has tuberculosis. She becomes pregnant, and in due time is delivered. (I often wonder if abortion in some of these cases would not be justifiable.) The mother having suspension, there is suspension in the child, for, according to the author, in every case of tuberculosis there is suspension. Here, then, we have a babe ready for the growth of tubercle bacilli. In some few recorded cases the bacillus is found growing at birth. Dr. Jacobi, of New York, mentions such a case. Dr. Russell, of Glasgow, says: "These cases have an academic interest," thereby acknowledging their authenticity. The author thinks they have a greater interest than this. They have a world-wide interest. They prove *a soil may be transmitted by heredity alone.* Yet there are men in high places who deny to heredity a value, and that before large classes. What astounding effrontery in the light of observation, reason and common sense!

We now hasten to discuss another phase of this question. When a soil is induced by heredity, can it ever be changed back to its original condition? That depends, as in suspension, assuming there be simply a blood change or slight change in the tissue—yes. If the change be to disorganization—no. Destroyed tissue cannot be restored. Again, should there be disorganization with immense numbers of tubercle bacilli, as there usually is, all effort to restore health is in vain. The patient dies. Should enough sound lung tissue remain to insure fairly perfect aeration, under favorable conditions, health may be restored, though not normal.

In what way may this change for the better be brought about? Just reflect one moment. What causes the diseased con-

dition? Suspension of atmospheric influence. What removes the condition? Removal of suspension. The remedy is a simple one: Breathe pure air.

Illustration: We stated Mrs. T., of E., is delivered of a child. What is its condition? One of suspension. The writer stated plainly to the parents the method to pursue. Remove the child at once from the breast, feed it cow's milk and let it have abundance of pure air. The mother said no—"If I die let the child die with me." Dr. W., of R., is called. He approves my opinion. The mother still says, "No." An uncle, Dr. C., of C., is called, and he, holding the same belief, takes the mother to his home and leaves the child under the writer's supervision. In three or four months the mother is covered with the clods of the valley, but that child to-day, a man grown, is in perfect health. At the time of removal it was thought by the trio of physicians that the child would live but a few days. It had high temperature, colliquative sweats and hurried respiration.

This history is but a counterpart of hundreds of others seen in every civilized land. Do all receive equally favorable results? The writer thinks not.

Let us now return to our analysis of bulletin 108, same page. "The fact that the child of tuberculous parents develops tuberculosis is by no means conclusive evidence that it has inherited the disease in the sense that it may have inherited physical conformation or mental characteristics." The writer confesses he does not clearly understand what the author of the above means. That his own view on this most important topic be clearly understood, the writer again quotes from "Tuberculosis or Consumption," page 22: "*Children of consumptives, though the environment be changed at birth, die of this disease among other healthy children born of other parents.*"

Example: Mr. B. marries Miss T. Result of union, one child. Mr. B.'s family history is unique. Of the entire family, nine in number, consisting of grandparents, children and grandchildren, all die of tuberculosis, except one child of three, of diphtheria. Miss T. is of good family history, but is delicate. Knowing the above history, the child is taken and reared among other healthy children, yet dies of tuberculosis, aged twelve, the

writer being the last attending physician. It seems to the author that in this case an entity was transmitted. Who can determine?

Another question bearing on the above now comes to view. Is physical conformation or mental characteristic transmitted? Common observation shows that it certainly is. This child looks like her father. That child acts like his mother, etc. A likeness, similarity or entity is here seen.

To be more more explicit, is the entity of facial expression, etc., as seen in heredity, one and the same as the entity of a prepared soil by suspension? It is not. In the former case it seems to be the result of a natural law or unfolding, whereas in the latter it is the result of a law violation or suspension. Each is an entity, and each comes under the head of heredity, but neither, so far as known, is controlled by a germ. This may appear strange, but "truth is stranger than fiction."

And now for a bit of experience. "The experience at this station with tuberculosis in swine, given on another page, gives a forcible illustration of the manner in which the disease may even skip a generation, to reappear in full force in the next and yet not come under the law of heredity as above defined."

Benjamin Franklin was pre-eminently a practical man. He said to England, in 1776, that the proper way to eat a large cake is to commence at the edge. The above is a large cake, and we propose to take Franklin's advice. Our nibbling is only at the edge. If the law of tuberculosis be true—and we think it is, ideally at least—we can skip not only one generation, but five or six generations in succession—*ad libitum*—and reinstate the disease in any generation in less than eight weeks. This may also seem strange, but this in mathematics is called a corollary.

"Again, there is a possibility of prenatal infection from either parent, previously referred to, which would be quite a different matter from constitutional heredity." This is the same old story of the germ theorist. Infection without a soil. How could there be "prenatal infection?" Can a plant grow without a soil? If there be growth their must be soil—ask any biologist. If there be prenatal soil, this is heredity—the condition of growth.

We now give the algebra of the germ theorist. We wish to be strictly fair.

a = Health.
 b = The tubercle bacilli.
 c = Tuberculosis.

The formula reads as follows:

$$a + b = c.$$

Let us examine. Mr. B., what is your age? Twenty-five. Are you in perfect health? Never better; just took out a policy for twenty thousand dollars; examined by three physicians and all say first-class risk. Please step this way one moment, Mr. B., I want to examine your sputum. A microscopical examination is made. Tubercle bacilli are found. Mr. B., did you eat butter for breakfast? Yes, sir. Please examine the butter. Tubercle bacilli are found. Mr. B., where have you been this morning? Walking in the open air. Please examine the air. Tubercle bacilli are found. Let us examine the formula:

$$a + b = c.$$

i.e., health + tubercle bacilli = tuberculosis. (Mathematics don't lie.) *This man has got tuberculosis.* Bring in tuberculin and let us make a test. If there be a reaction he has got the disease without doubt. *Tuberculin confirms.*

Ladies and gentlemen of the medical profession, this is medical science as taught to-day. Millions of our fellow-beings are hastening to eternity. Is it not time to call a halt?

Let us proceed. "It is true that either of these forms of transmission of the disease given would be in one sense a hereditary transmission, but it would be transmission of infective material, not of actual disease nor of diathesis. The difference may at first sight appear to be hair-splitting, but, in fact, this difference is of fundamental importance," etc.

The above is rather a singular statement. Please observe—it is hereditary transmission, yet it is not hereditary transmission. It seems like hair splitting yet it is of fundamental importance. To the writer it appears like—it either rains or it don't rain, for it is very evident if it don't rain it must rain.

We now open a field for controversy. "Because there can be no hope of overcoming this dread scourge until the fatal-

istic idea that it is a constitutional disease can be displaced by a clear conception of its contagious character." The writer thinks if we wait until "the fatalistic idea that it is a constitutional disease can be displaced" we will wait until Mother Earth lays by for repairs and receives a new axle-tree. In our judgment the constitutional will remain. But we leave this for the future to determine and talk of other things at this time.

If the view herein be clearly understood or correctly interpreted, it is seen an attempt is made to show a law in tuberculosis—an inviolable law; that heredity is a factor aiding this law in an extension of the disease; that all disease of this nature of whatever character is governed by this law.

THE LAW OF SUSPENSION.

The first stage in each case of tuberculosis is one of suspension. This creates a condition of tissue which allows the growth of tubercle bacilli. The tubercle bacilli do not cause the disease, but in many cases render it more fatal—fatal in that they cannot be removed—as a rule, they continue to grow; fatal in that their growth consumes the air which should be taken up by the system; fatal in that their growth renders the lung tissue incapable to perfect aeration, etc.

If in the stage of suspension before a growth takes place or while there is yet a feeble growth, perfect aeration be established or reestablished—according to this law—the disease disappears and health is restored. In other words, if a perfect being—meaning by this one free from heredity as a factor—maintain a perfect aeration there can be no tuberculosis. Tuberculosis is, therefore, a disease of ill-ventilation or imperfect aeration. What, then, is the algebraic formula for tuberculosis in the various stages of the disease?

a = Health.
 b = Suspension.
 c = Heredity.
 d = The tubercle bacilli.
 e = Tuberculosis.
 e' = more fatal.
 e'' = most fatal.
 $a + b = e$ (formula 1)

i.e., health with suspension added means tuberculosis.

Or transpose b :

$$a = e - b \text{ (formula 2)}$$

i.e., health is suspension taken away from tuberculosis.

$$a + b + c = e' \text{ (formula 3)}$$

i.e., health with suspension and heredity is tuberculosis of a more fatal type.

$$a + b + c + d = e'' \text{ (formula 4)}$$

i.e., health with suspension, heredity and the tubercle bacilli added means tuberculosis of the most fatal character.

This, the writer thinks, is the mathematics of tuberculosis. Other formulas can be given—

$$a + b + c = e' \text{ (formula 3).}$$

Transpose $b + c$.

$$a = e' - b - c, \text{ but } a = e - b \text{ (formula 2).}$$

Things equal to the same thing are equal to each other. Therefore—

$$e - b = e' - b - c \text{ canceling } e = e' - c \\ (\text{formula 5})$$

i.e., tuberculosis is rendered less fatal by the removal of heredity.

Two questions at once arise :

1. Who is free from hereditary influence?

2. Can hereditary influence be removed in tuberculosis?

These require more space than we wish to give them at this time.

Golden Rules of Obstetric Practice.

When abortion is inevitable plug the vagina with strips of gauze or some clean, soft material, and wait six or eight hours. You will often find the ovum in the vagina on removing the gauze : If not, plug again and wait.

If any part of the ovum or decidua remains in the uterus, clean it out at once with the finger or curette, not hesitating to give an anesthetic if any difficulty is met with.

If there is a rise in pulse-rate and temperature, and the vaginal secretion is foul, give an anesthetic, dilate the cervix, empty the uterus, scrape it clean, no matter what stage the process of abortion has reached.

In other words, use artificial dilatation, followed by emptying and cleaning out the uterus in threatened incomplete and complete abortion alike, whenever the uterine cavity becomes the source of septic intoxication.—*Indian Lancet.*

MEDICAL OFFICIALISM.

BY T. C. M.

Dr. Boucher, of Paris, in a late article in the *Journal de Médecine de Paris*, calls the attention of the profession to the present manifest intention of certain medical interests to establish special hospitals, supported by the State, for various specialties in medicine, under the specious plea that such institutions are for the welfare of all. Thus we see numerous hospitals or sanatoria springing up all over the country, notably those for consumption. These institutions are attended by official staffs of paid medical attendants ; they are, for the most part, isolation hospitals, the public being alarmed by the cry that this or that disease is infectious or contagious, and that the sufferers should be regarded the same as lepers in the olden times. While hundreds of consumptives wander at will, hundreds of others are condemned to submit to rules and regulations imposed by official medicine. Viewed from a sanitary standpoint, if such diseases be considered dangerous, such sanatoria would become centers of infection, and in time contaminate any neighborhood in which they might be placed.

Dr. Boucher states : "I claim that sanatoria are dangerous, for they represent nothing from a prophylactic and medical standpoint ; they only evidence, meantime, in a perfect fashion, the tendencies of an epoch, let us say an epoch of medical decadence, social as well as political, the tendency of officialism, that great destroyer of individual initiation and the spirit of discussion. It is for this reason that I supplicate all those who have good sense to remain faithful to medical tradition, and to unite and revive the old fashions that respected professional dignity, to prevent the taking away of patients in order to throw them into the hands of alleged masters and their pupils. To the contrary, every physician should be permitted to follow, according to his own views of medical science and his conscience, the care of those sick who confide themselves in his hands."

The glory, honor and profit of medicine should not be placed in the hands of officials who are selected for purely political or social reasons, and given charge of large collections of consumptives made

under authority of the State on the popular alarmist cry that this or that malady is a danger to the public health, and while, meantime, the world is full of similarly affected persons, who, owing to their wealth or social position, are not forced into prisons, enthralled and supported by the State, with their following of philanthropists, throwing away all under the false plea that a great public prophylactic good is being accomplished in cases of maladies that are not now nor ever were contagious or infectious.

Dr. Boucher's arguments are striking and logical, and only in the same line of professional revolt that is now growing up all over the world.

In that valued journal, the *Medical Press and Circular*, May 15, 1901, the wide-awake English editor indulges in an inspired editorial (pages 531-532), from which we extract a few excerpts:

"It is a most extraordinary fact that, notwithstanding all the clamor for grandmotherly legislation raised in our islands at the present time, and for some years back, little or no attention is, or has been, paid by public men, with rational views or of socialistic tendencies, to the benefits attainable from the scientific investigation of disease, save, may be, when questions arise connected directly with the health of their constituents, or, indirectly, with their interests upon which votes may depend. The children of to-day are schooled *ad nauseam*, sanitation is regulated by Acts of Parliament, drafted by enthusiastic authorities who believe implicitly in the superlative excellences of the latest method of sewage-treatment until a further plan is adumbrated, and passed by legislators who know little about the matter, and probably care less; the desire inborn in man for some kind of stimulant, as common in the savage as the civilized human product, attempted to be quelled by official machinery, and leading only to more meretricious habits; vivisection even when the animals used are rendered unconscious throughout by anesthetics, trammelled by mawkish sentimental restrictions, with the result that this country perforce lags behind in the realization of accurate knowledge; these matters are severally pressed forward or combated as forming subjects of most important public welfare. Not a thought is given officially by the powers that be

toward the encouragement of research in any direction relative to the ultimate and intricate questions of disease. It is enough to ascertain the best way of preventing the spread of infectious or contagious diseases, any attempt to even identify and determine by scientific methods the primary cause of the same is also better of prevention. Our law makers, influenced by the aggressive tactics of fanatical cranks and fearing to lose their support, are induced to trust to empiricism rather than to scientific correctness; follow the lead of those who object, forsaking that of those who, in the knowledge of fact, propose."

At first glance it might appear as though our French and English *confrères* were in strict accordance with each other's views, but a medical reading between lines of the two articles will show a wide divergence of opinion on certain special points. The single point of agreement is the admitted fact that there is too much *official* medical interference on the part of the State between the mass of general practitioners and hospital officialism. The public hospitals of the land are supposed to be supported by general taxation for the especial care of the suffering poor, places where the sick are supposed to enjoy absolute rest and the best of medical attention. Modern ideas have converted such institutions into schools of medicine and experimentalism, which accounts for the large number of private hospitals—endowed, too—that are now absolutely disconnected with clinical teaching, and where the patient has some private rights that are at least respected. The public will, in time, make a proper adjustment of the relations that should properly exist between hospital teaching and the proper care of the sick. We believe in the fairness and justice of ordinary humanity to properly construe in time the motives that actuate medical men in going wild over every new idea. We cannot foresee what our French and English editorial brethren seem to see so clearly in the future of medicine. In a Republic like ours officialism never has but a short tenure of office at least, and our medical social conditions are not the same as abroad, nor will they ever be, owing to our peculiar political institutions. Sanatoria erected under the plea of public safety will no doubt spring up all over this

country, too, but the isolation of persons, except as a voluntary act, can never be enforced. These editorials are simply quoted to show the animus now existing abroad against the growing foreign tendency of medical officialism and pseudo-sanitation.

T. C. M.

The So-Called "Irritable Bladder" in the Female.

Bierhoff (*American Journal Medical Sciences*) offers an interesting study of this subject. His conclusions briefly expressed are as follows:

1. The term "vesical hyperesthesia" or "irritable bladder," is in almost every case in the female erroneously applied,
2. As a true *neurosis* vesical hyperesthesia rarely occurs.
3. Where vesical hyperesthesia exists it does so only as a symptom; in the majority of cases as a direct result of some change in the vesical mucous membrane, in the minority as an indirect result of changes in other organs adjoining or near the bladder.
4. The diagnosis of the causative factor must rest upon a thorough examination not only of the bladder, but of the urethra and genital and pelvic organs as well.
5. The treatment must be directed both against the local changes and the causative factors.—*Indian Lancet*.

Impotence.

Dr. Winfield Ayres, of Bellevue Hospital, New York, says that when a patient presents himself complaining of impotence it will probably be found that he is suffering from chronic inflammation of the prostate. To relieve the condition his vesicles and prostate should be massaged once every third or fourth day for three months. At the same time he should be given hot irrigations by the rectum every night before retiring—the fluid used being the normal salt solution. As soon as the inflammation has subsided from the prostate and vesicles, he may be given pills containing: Phosphorus $\frac{1}{150}$, strychnine $\frac{1}{30}$, and damiana 2 grains; one t. i. d.

If the medicine is given before the prostate and vesicles have had proper treatment, the patient will probably improve for a short time, but after that he is sure to relapse and be in a worse condition than he was in before.—*Med. Age*.

Society Proceedings.

AMERICAN PROCTOLOGIC SOCIETY.

Third Annual Meeting, St. Paul, Minn., June 4 and, 1901.

The meeting was called to order by the President, Dr. James P. Tuttle, New York. After the reading of the minutes of the previous meeting and receiving the Treasurer's report the society entered upon scientific business, abstract of which appears below.

At the conclusion of the scientific business the following officers were elected to serve during the coming year:

President—Dr. Thomas Charles Martin, Cleveland.

Vice-President—Dr. George J. Cook, Indianapolis.

Secretary and Treasurer—Dr. William M. Beach, Pittsburg.

Executive Council—Dr. J.M. Mathews, Louisville, Ky.; Dr. James P. Tuttle, New York; Dr. J. Rawson Pennington, Chicago.

Prof. Dr. Sonnenberg, Berlin, was elected to honorary membership in the society on motion of Dr. William M. Beach, Pittsburg.

The society adjourned to meet at Saratoga, New York, in June, 1902.

DR. JAMES P. TUTTLE, New York, N. Y., read a paper on

Malignant Tumors of the Rectum.

In his consideration of this subject, the essayist divided them into four classes—connective, epithelial, muscular and irregular tissue growths.

It was stated that with those in his own practice, together with those mentioned in the literature of the subject, there were twenty-nine of the melanotic type and fourteen of the non-melanotic.

Sarcomas occur in the rectum as irregular deposits beneath the mucous membrane, in shape being round, elliptical, and sometimes resembling a hypertrophied tonsil. They rarely, if ever, assume the smooth, plaque-like form of deposit such as is seen in carcinoma. The surface being always rough, unequal, "murfiform" and the mucous membrane movable over the growth in its earlier stages, is a condi-

tion which distinguishes them from carcinoma.

They originate in the sub-mucosa, and as they grow may appear as sessile tumors, and eventually develop a distinctly poly-poid shape. They may also appear as a general fibrous thickening of the wall, and be mistaken for a simple inflammatory stricture.

The mucous membrane covering sarcomas is comparatively normal, although if the tumor becomes very large the membrane may become congested, edematous, or ulcerated, and even adherent to the growth through inflammatory processes. Sarcomas in the rectum may occur single or multiple, and vary in size from that of a hazelnut to a good-sized orange. One case reported was as large as a cocoanut.

Sarcomas of the rectum present a variety of colors, generally that of the normal mucous membrane, although sometimes they are dark red, grayish-black, bright red, pale yellowish-pink, or as black gangrenous masses. Often, in the multiple form, the different tumors will present varying appearance.

Sarcomas may occur at any portion of the rectum or sigmoid, but the majority are situated low down near the anal margin.

Sarcomas differ from the carcinomas by their rapid growth. Differing from sarcomas in other portions of the body, these sarcomas are said to have a distinct tendency toward ganglionic infection.

Metastasis is one of the chief characteristics of sarcomas of the rectum. If the growth is primary, all possibility of metastatic deposit should be eliminated, or else the operation will be of no avail.

A complete *résumé* of the histology was given under the following heads: round or globe-cell sarcomas, spindle or fusiform, giant cell, alveolar, and mixed.

Melanosis does not alter the type of the tumor or change the character of its component parts. It takes place in all types, and may involve but one part of a tumor, or only one or two tumors where they are present in multiple form.

Sarcomas of the intestine always develop from sub-mucosa, and ordinarily do not affect the mucous membrane until, by pressure, tension, and ulceration, through friction and infection by the fecal mass, it may become involved. The causes and influences which bring about the produc-

tion of sarcoma are as little known as those of carcinoma.

Age cannot be proved to have any direct influence, although it occurs more often late in life, and there is apparently no relationship between the sexes and this disease.

Symptoms are at first very vague. There may be a sense of fullness, or the feeling of the presence of a foreign body, or the first symptom may be bleeding and discharge of mucus.

The protrusion of sarcomatous tumors is more frequent than that of carcinoma, but less so than in other forms of rectal neoplasms.

There is no odor peculiar to sarcoma. After ulceration has occurred and there is a production of pus, the odor changes to that of decomposing tissue, but never assumes that peculiar, characteristic, and disgusting odor which is found in carcinoma of the rectum.

If the sarcoma is low down and involves the sphincter, producing traction and pressure, the patient may suffer considerable pain. But if it is high up and of an infiltrating form the patient may go to the very door of death without any knowledge of its existence.

The state of the bowels in sarcoma of the rectum varies according to the type of the tumor. There may be either constipation or diarrhea. The latter may be caused by the mobility of the growth and its location near the margin of the anus. Constipation may be caused upon mechanical grounds.

Flatulence, indigestion and loss of appetite are associated with sarcoma of the rectum as they are with all other neoplasms of this organ.

Cachexia is not well marked. Reflex digestive disturbances are noted. Decrease in strength, loss of flesh, swelling of the feet and abdomen rapidly succeed one another, when the sarcoma is once well developed.

Dysuria is frequently present. The lungs and pleura may become affected.

The diagnosis of this condition lies between carcinoma and villous tumor. It is less sessile than carcinoma, and less pedunculated than adenoma. It is more firm than adenoma and has a less degree of induration than carcinoma.

In its attachment its roots do not spread out, producing that general infiltration of

the mucous membrane that one finds in carcinoma. Its attachment is very abrupt. To the touch it is more undulating and irregular than carcinoma, but has not the granular and dendritic divisions which one finds in villous tumor and in adenoma. The latter occur largely in children, whereas sarcoma is a disease of middle or advanced life.

When it is a question between sarcoma and multiple adenoma, the multiplicity of the growths, the excessive diarrhea, together with the comparatively fair condition of the patient's health, may be mentioned upon the side of adenoma.

Between sarcoma and carcinoma, the distinct odor of the latter is enough to make the decision positive.

In the early stages of the disease the fact that the mucous membrane moves easily over the growth distinguishes it almost positively from carcinoma.

The final test depends upon the microscopic examination of a section from the real substance of the tumor itself.

Personally the reader was opposed to making an incision to obtain the section unless the case was an operable one and the patient consented to an operation if the microscopic examination showed a necessity for one.

The treatment of the disease consists in the radical removal of the growth. A ligature to pedunculated sarcomas ought never to be considered. If the growth is single and in the wall of the rectum a posterior proctotomy may be done. If it is diffuse, involving the entire circumference of the rectum, total excision of the organ is the only recourse.

While there is some evidence of the value of the serum therapy in the treatment of the sarcomas elsewhere, the advocates of this method lend no encouragement by their results in the treatment of this condition in the rectum.

Artificial ani may give great relief in carcinoma, but it neither relieves nor checks the progress of sarcoma.

President's Address.

The President, Dr. James P. Tuttle, New York, in his annual address, discussed the various phases as to whether or not it would be advisable for the American Proctologic Society to continue as an independent association or apply to the American Medical Association for

admission as a proctologic section. He spoke at length of the advantages of meeting at the same time and place of the assembling of the great medical body. He spoke of the desirability of being brought into closer contact with the general profession, from whom they had much to learn, and to whom many debts to pay.

The profession should be educated to realize the fact that there is more in proctology than they now believe.

The average practitioner's conception of this subject is that it consists in tying off piles, cutting through fistulas, and stretching the sphincter muscles for fissure.

Year after year the speaker stated that men attended his clinics who said that they were determined to make a specialty of rectal diseases. They expected to become accomplished specialists in from three to six weeks. They wanted to see as many operations for piles as possible during that time. They didn't mind if a fistula or fissure was thrown in for good measure, but "piles" was their conception of proctology. The most carefully prepared lecture or demonstrations of new methods of diagnosis and the teaching of intestinal pathology are all lost upon them, for they are there to learn how to treat rectal diseases, *i.e., piles*.

When they have spent three or four weeks in this deep and profound study these men go back home full-fledged rectal specialists, and sometimes are made professors of the branch in some provincial college.

The speaker did not want for one moment to reflect upon those noble practitioners of general medicine who attend post-graduate schools intent upon learning how to diagnose and treat disease. All honor is given to these men who know their deficiencies, who sacrifice so much to keep abreast with the progress in medicine, and who go back to their homes and unpretentiously give their patients the benefits of the knowledge gained by honest study.

The essayist scored the mushroom specialist and the advertising charlatan, who, he said, were molding public opinion upon proctology. They publish their advertisements and scatter their pamphlets everywhere, until the public commence to make their own diagnosis. The family doctor was said to be partially to blame

for this condition of affairs, as he so often diagnoses these conditions without examination.

The advertising charlatan would have the public believe that the regular physicians never make a study of rectal disease, that his instruments are patented, and that successful methods of treatment are known only to him.

The reader stated that it was the aim of the American Proctologic Society to show to the medical profession, and through it to the public, that there is something more in the subject, and questioned if there was a better way of accomplishing this than by interesting the A. M. A. sufficiently in it to establish a proctologic section, where they could meet the general practitioner, tell him what they are doing, and learn from him his needs.

The reader favored the attempt to organize a proctologic section.

Another point considered in the address was the qualifications for membership in the society. In closing the speaker said:

"All over the country there are springing up specialists in rectal diseases, made by short terms of study at some post-graduate school or by being elected professors of this branch in some small college. As a rule, they are without experience or learning in the branch, and accept the position, simply on account of the title and emoluments. On the other hand, there are a large number of general surgeons whose hospital appointments require their doing large amounts of rectal surgery. The first class will be knocking at your doors for admission, but they bring no offerings in the fruits of their labors. The latter class will only come by invitation, but when they do, they will bring a rich experience and many practical observations gained in general surgery, but useful to the specialist. Holding a chair in some little medical college does not entitle a man to membership in this society, and being a general surgeon or practitioner should not debar him. Let us select our members with such care that in the future we can never wish that this or that one had not been let in."

It was moved that the President's address should be open for discussion.

On motion of Dr. Martin, the Chairman was authorized to appoint a committee to consider the President's address, and select a time for its discussion. At a subsequent

session the committee reported the following resolution:

"Your committee would recommend that a vote of thanks be tendered Dr. Tuttle as a recognition of his valuable contribution to the literature of malignant disease of the rectum.

"Your committee are agreed that this time is inopportune for negotiation for admission to the American Medical Congress, and that at present it is inadvisable to attempt the organization of a section on proctology in the American Medical Association; therefore, we recommend the adoption of the President's suggestion, that our next meeting be at the time and place of the next meeting of the A. M. A.

Jos. M. MATHEWS,
THOS. CHAS. MARTIN,
Committee."

When the subject was opened for discussion President Tuttle moved the adoption of the resolution, thus reversing the opinion expressed in his paper. He had come to the conclusion that the interests of the specialty could be best subserved by remaining an independent society. Dr. J. M. Mathews, of Louisville, Ky., also took this stand. After some further discussion the resolution was adopted as read.

Disease of the Sigmoid,

by DR. GEO. B. EVANS, Dayton, Ohio, was then read by the author.

The essayist discussed the question as to whether or not the rectum was the receptacle for feces, or whether the latter is arrested, detained, and accumulated in the sigmoid flexure of the colon. The reader inclined to believe that the rectum was the receptacle.

From its situation and anatomical relations, the reader was convinced that the sigmoid is oftener the seat of obscure abdominal diseases than has generally been suspected. In appendicitis there is often reflected pain over the whole abdomen, often in the left iliac region over the sigmoid. Now if this is true, the converse is also true. This point was illustrated by reference to a patient who had a distinct history of appendicitis. The condition was promptly relieved by flushing the sigmoid and colon with large quantities of hot boracic solution. This treatment was advised in all cases of supposed appendicitis. It can do no harm and might do good.

Patients should be examined (1) by palpation and percussion, both in recumbent, with thighs well flexed, and in erect posture; (2) digital; (3) by a combination of

the two; (4) by ocular examination, using the tubular speculum; (5) if the speculum should fail to enter the sigmoid then use the Wales bougie.

The reader was confident that many of the so-called catarrhal conditions of the bowels are congestions, if not inflammation, of the sigmoid, attended with large discharges of mucus, accompanied with pain over the abdomen. In these cases the sigmoid and colon are washed with hot boracic solution, using as much as one or two gallons. If the results are not satisfactory, three ounces of a 50 per cent. solution of fluid hydrastis are added and applied through a Wales bougie.

After the inflammatory changes have taken place the task is more difficult. If we find the stools mixed with pus and mucus there is ulceration, and if the rectum is healthy the trouble will be found in the sigmoid.

A case was reported illustrating this point which yielded readily to the flushing method.

Moderate exercise and a liberal and nutritious diet of milk, soft-boiled or poached eggs, and plenty of fresh air and sun baths are valuable adjuncts.

Syphilitic ulcerations should be treated constitutionally and locally as described. The inunction method alternately with the iodides, in conjunction with the passage of the bougie, is indicated. If the case be an operative one it is a question whether there should be a total resection, with end-to-end anastomosis, or a resection and then an anastomosis by passing the distal end of the sigmoid through a slit in the rectum, holding the sigmoid *in situ* by means of traction sutures passed through the muscular walls of the sigmoid, leaving the sutures long enough to emerge from the anus clamped by long artery forceps across it. If neither of these methods be practical, resort must be had to colostomy. The latter is palliative; the former radical, and the question is, who will advise it; when and under what conditions would it be justifiable?

The reader was also fully convinced that grippe was an important factor in sigmoiditis.

Recto-Colitis.

A paper with this title was then read by DR. WILLIAM M. BEACH, Pittsburgh, Pa.

The essayist described recto-colitis as a condition of the rectum and colon that generates functional derangements consequent upon varying degrees of inflammation of its mucous membrane.

A clear exposition of the anatomic elements of the gut and its auxiliary structures was given.

Omitting malignant diseases, recto-colitis was considered under the following stages: Congestion, atrophic catarrh, hypertrophic catarrh and ulceration.

Simple congestion due to engorged blood-vessels may be ephemeral and express itself locally in the form of dysentery and tenesmus and the excretion of an enormous quantity of mucus. This condition, if allowed to continue, becomes chronic, developing usually the hypertrophic catarrh; epithelium is shed, valves swollen and thickened, narrowing of rectal straits, diarrhea alternating with constipation.

Atrophic catarrh is usually accompanied by the constipated habit; dry hard stools, and minute anal fissures. Secretions are insufficient on account of gland impairment. Atrophic recto-colitis is rare.

The ulcer is the culmination of the inflammatory process, and in the experience of the reader rarely occurs above the sigmoid flexure.

The symptoms of recto-colitis are (1) local or physical; (2) constitutional or rational. The reader described them fully.

From the standpoint of the proctologist the question was asked, "Is chronic recto-colitis curable?" To answer this question it became necessary to study clinical experience. The writer called attention to cures reported by Matthews, Martin, and other proctologists, and referred particularly to one type, congenital or functional narrowing of the recto-sigmoid strait. In many of these cases the spasm is so strong when the instrument touches the inflamed surface that the strait is entirely closed; in others there is a prolapse of the sigmoid. A case was reported which had been referred to the reader by a neurologist. Examination revealed piles, and proctoscopy a very sensitive rectum covered with glairy mucus; the sigmoid strait narrow and spasmodic, with great pain at the upper part of the sacrum. The treatment consisted of a nightly administration of a saline; a daily injection of water, then, through the proctoscope, a mopping of the entire

surface with sweet oil, and then through a narrow tube attached to a Davidson syringe a half pint is thrown into the colon, while the patient is in the Martin position. After peristalsis and tenderness subside, mildly astringent solutions are sprayed and rectal massage given. The reader had had most excellent results with the protargol spray.

Recto-colitis, due to mechanical obstruction or irritation, can only be relieved by removal of cause, to clear the field so that the remedies applied locally might be efficacious.

Abrasions, pin-point denudations of epithelium, should be touched with pure carbolic acid or solution of silver nitrate. If the mucosa presents a deeply injected appearance, bland remedies were thought to be more efficacious, such as albolene. Valvular hypertrophies were reduced by the use of a two-bladed divulsor, wrapped with cotton.

Internal medication was necessary to correct intestinal secretions and to allay neurosyal symptoms.

Recto-colitis, due to polypus, hemorrhoids, fistula or stiff valves, is to be cured by the removal of these conditions. In conclusion, the essayist said:

"Our discussion of recto-colitis consists in :

"1. That it is a condition of the rectum and colon, of varying degrees of inflammation.

"2. A knowledge of the anatomical bearings of the rectum and colon is necessary to understand the symptoms and reflexes.

"3. The symptoms are local and systemic.

"4. Recto-colitis may be catarrhal or ulcerative.

"5. It may be acute or chronic.

"6. When dependent upon polypus, hemorrhoids, fistula, etc., the cure depends upon their removal.

"7. Chronic recto-colitis due to altered secretions, anemia and congenital narrowing of the sigmoid strait, is difficult to cure."

Anal Pockets.

This paper was read by DR. LOUIS J. KROUSE, Cincinnati. The doctor first entered into a very exhaustive study of the so-called anal pockets, in which he gave the results of his own observations and

those of other investigators. He discovered, by his researches, that these pockets were present in the rectums of the living to the extent of 80 per cent., but that they were entirely absent in the dead. In conclusion he said:

"That the so-called anal pockets may be the cause of certain diseases located in the lower outlet of the bowel, I can not gainsay; but I believe that they are most likely the frequent predisposing cause of an irritable ulcer of the anus. If we examine the rectum in the quiescent state, when the bowels are empty, we find that the anus is closed; the anal valve and its corresponding sac are absent. But when the bowels move, the anal canal is opened and the anal valve becomes prominent, the same as would occur had an anal speculum been introduced and opened. Should a hardened fecal mass pass through the anal outlet, with a prominent pseudo-valve protruding, then this valve would most likely be caught by the moving mass and possibly be torn, producing what might be termed an irritable ulcer of the anus."

The Treatment of Rectal Prolapse.

DR. J. RAWSON PENNINGTON, Chicago, read a paper on this subject.

In considering the treatment of rectal prolapse it is essential, first, to recognize the pathologic condition. The object of treatment is: (1) Reposition of the prolapse; (2) its fixation in the normal position; (3) prevention of recurrence.

He believes that some of the most important factors in the production of rectal prolapse are to be found within the intestinal canal, and considers the *plica transversalis recti et sigmoidæ* as one of the most, if not the most, important causative factors. He continued by saying that various procedures have been devised for the treatment of this malady, but to be successful the operation selected must be determined by the variety and specific conditions of the prolapse, otherwise it will be a failure,

Of these procedures he mentioned (1) those having for their object the production of adhesive inflammation between the coats of the intestinal walls; (2) narrowing the anal canal; (3) amputation; (4) reposition and bony fixation; (5) reposition and intra-abdominal fixation (colopexy or sigmoidopexy); (6) Thur Brantz

massage; (7) electricity; (8) ligature. He recommended:

1. For prolapse of the mucous membrane only, reclining posture, adhesive straps, cauterization or amputation.

2. For reponable, non-ulcerated prolapse of all the coats of the rectum and colon invagination remove the cause, if possible, and try massage and electricity. Should these fail, then resort to colopexy.

3. For incarcerated irreponable ulcerated prolapse, circular resection, according to the technique of Mikulicz and Nicoladoni. The operation of colopexotomy, procto-coccypexy, procto-sacrococcygexy, procto - sacropexy, Gersuny's twist and the circular suture of Thiersch are rarely indicated.

A New Method for the Removal of Hemorrhoids Under Local Anesthesia

Was explained by DR. THOMAS CHARLES MARTIN, Cleveland, Ohio.

He stated that non-malignant anal growths could be removed painlessly without resort to general anesthesia, by means of a technique which he would describe, provided it be performed by the trained hands of an operator who thoroughly understands the principles of infiltration anesthesia, and who, furthermore, has been sufficiently persevering to master the difficulties encountered in the application of those principles to this operation.

Dr. Martin presented an instrument consisting of a hollow cone three and one-quarter inches in length, three-quarters of an inch in diameter at its distal extremity, and one and three-quarter inches in diameter at its proximal end. One quadrant of the cone is fenestrated. This is occupied by a movable blade with a serrated edge which makes contact with the cone's serrated edge. The movable blade is sheathed in the cone when the jaws of the clamp are separated. When it is introduced it may be made to receive the pile without irregularly expanding the anus. The great essential to painless manipulation of the sphincter is the even distribution of pressure throughout its circumference.

The patient should be placed in the Sims' posture and the light focused on the field of operation.

The different tumors being located, the summit of each should be infiltrated with a one-tenth of 1 per cent. solution of

euaine. A very fine needle should be employed. Care should be taken, or else, instead of effecting an infiltration of the structure, the anesthetic may be driven at once into a blood space and directly into the circulation.

Each pile to be operated upon is seized by a curved hemostat, which should be surrendered to an assistant, who should radiate it from the anus and well out of the way of the operator.

The well-lubricated clamp should now be introduced into the anus with its blade pressing against the tumor which is first to be removed. When the instrument is buried to its shoulder the fenestrum should be opened, into which the hemorrhoid is pulled. The pressure incident to the introduction of the clamp is often sufficient to express the euaine from the tumor, so that re-anesthetization becomes necessary in order to perform the manipulation necessary to carry the tumor completely within the clamp. The clamp should now be closed and locked and the growth cut away by means of scissors.

If secondary hemorrhage is feared, the wound should be lock-stitched with cat-gut. If it be of the connective tissue or fibrous variety, the pedicle should be cauterized. The wound should be treated as in any other surgical procedure. The use of this clamp gives the operator a clean field and a clear view. The pile is "dry docked."

This clamp demands that the wound shall be linear in form and parallel with the axis of the anus.

This method of clamp operation is inapplicable to inflamed or thrombotic piles.

Local anesthesia is a surgical refinement; skill in effecting it may be acquired only by the exercise of patience and practice.

DR. GEORGE J. COOK, Indianapolis, discussed in a general way the employment of caustic agents in the treatment of hemorrhoids. His discussion was very thorough. The conclusion that he drew was that such agents for the most part should not be used, and that he recommended operative procedures whenever possible.

Foreign Bodies in the Rectum, with Report of a Case.

This paper, by DR. LEWIS H. ADLER, JR., Philadelphia, was read by title, but

the case was deemed of sufficient interest to bring before the society, even in the absence of the author.

A man sixty years of age was admitted to the Polytechnic Hospital, Philadelphia, December 1, 1900, with a history that he had been wearing for a long time an instrument which he called a pile supporter, and that it had suddenly slipped within the bowel and could not be removed. Several attempts were made to remove the foreign body before succeeding. It was the handle and valve of a steam radiator pipe. The patient left the hospital the third day. Upon admission to the hospital the man's son informed the resident physician that his father was addicted to masturbation, and that he employed the wooden knob to further that habit. Subsequently the physician who had referred him to the hospital presented me with a large bent piece of iron rod, about fourteen inches long and one-fourth of an inch in diameter, which the patient had used for the insertion and withdrawal of the knob. The hooked iron rod and knob were exhibited to the society by Secretary Beach.

Noise as a Factor in Disease.

D. A. MacLachlan, writing in the *American Medical Monthly*, says among the causes of deafness hereditary predisposition plays an important part. It is well known that deafness is hereditary in many families, so that part or all of them are ultimately afflicted with it. It may not always apply to the immediate descendants; indeed it is likely more often to occur in some generation. "One swallow does not make a summer," so one, two or three cases occurring in a family, does not positively indicate hereditary predisposition as the cause; but when several members of the same family, whose ancestors have been afflicted by ear affections, have developed diseases of the ear and deafness without other demonstrable cause, it seems fair to attribute it to hereditary tendencies. This inherited tendency to deafness no doubt accounts for many cases of bad results following injuries, and predisposes to injury from noises of any sort; even slight detonation may cause serious injury to the ears of such persons, while a healthy ear under the same circumstances would escape injury.—*Charlotte Med. Journal.*

AMERICAN ACADEMY OF MEDICINE.

Twenty sixth Annual Meeting, St. Paul, Minn., June 1 and 8, 1901.

A registration of fifty and an addition of forty-eight members represents the cold facts concerning the twenty-sixth annual meeting of the American Academy of Medicine. It thus begins its first year and second quarter of a century under auspicious circumstances. The simple tabulation of statistics, however, does not give the true value of the meeting.

The subjects under discussion consisted, first, of a symposium on "Reciprocity in Medical Licensure," in which the trend of thought seemed to be away from pure reciprocity towards a conditional examination of those men moving from one State to another who had already acquired a license to practice by an examination before a State board. It was thought, on the one hand, that it would be almost impossible to so synchronize the movements of the various State boards of medical examiners as to make the examinations practically equivalent; and, on the other, that certain fitness to practice shown by those who had already been in practice should be accepted in lieu of an examination upon the primary subjects, while certain other tests should be applied which could easily be met by any one engaged in active practice if he were at all fit to receive a license.

The other symposium was entitled "Institutionalism," but papers rather treated of the abuses. They were all suggestive, and will form an interesting contribution to the subject. Special mention should be made of a paper by Dr. Hill, of Iowa, upon the present method of supervising institutions of that State, whereby a commission of three, giving their whole time and receiving a salary from the State, supervise the management of all the institutions for the defectives. It removes the oversight of these institutions from politics, and is working very well. Another paper by Dr. H. Bert Ellis, of Los Angeles, describes a hospital in that city owned and controlled by medical men for profit, not philanthropy, which serves as a fair investment for the money and is a great convenience to the profession in that city.

In addition to the papers connected with these symposia were several papers of general interest, Dr. Cattell, of Phila-

delphia, giving the details of the executive management of clinical laboratories in connection with hospitals; Dr. T. D. Davis, of Pittsburg, a valuable paper on the necessity of culture studies for medical students; a paper by Dr. P. Maxwell Foshay, of Cleveland, upon his new method of determining the value of professional services recently outlined in the *Cleveland Journal of Medicine*; and another by Dr. James A. Spalding, of Portland, Me., giving the personal experience of an ophthalmologist suffering from a sudden loss of vision and consulting first the optician and then the oculist for aid, showing the inefficiency of the former and the great help which the latter gave him.

The meeting concluded with the usual very enjoyable social session, after electing Professor V. C. Vaughan, of the University of Michigan, President.

The Widal Reaction in Typhoid Fever.

George B. Shattuck, in analyzing 125 cases of typhoid fever, in the *Boston Medical and Surgical Journal*, in which the Widal test had been used, the conclusions drawn from these cases were as follows:

1. The serum reaction may be obtained toward the end of the first week of typhoid fever, but is both more pronounced and more usual later in the disease.
2. It may be present without a relapse at the end of the fourth month.
3. It may be absent one day and present the next.
4. Of 125 cases of typhoid fever (clinical) the reaction was absent in only 1 case. In 2 cases it failed, but there was in each only 1 test, in 1 case on the twelfth and in the other on the eighty-second day.
5. In 19 cases of other diseases clearly uncomplicated by typhoid there was no reaction.
6. In 1 case, where the diagnosis must remain doubtful, although typhoid cannot be positively excluded, there was a reaction.
7. In a number of difficult and perplexing cases the serum test was of distinct service in establishing or correcting the diagnosis.
8. This test will probably prove itself a useful aid to clinical diagnosis, and especially in hospital practice.—*Charlotte Med. Journal*.

DERMATOLOGICAL SECTION OF THE AMERICAN MEDICAL ASSOCIATION.

The recent meeting of the Section on Dermatology of the American Medical Association, at St. Paul, was a pronounced success. The attendance was much larger than heretofore, and the papers read elicited more general interest, and were of more scientific value, than in former years. The meeting was rendered more interesting than usual by the free use of lantern-slides, the exhibition of colored drawings and photographs, and the presentation of patients.

Arrangements have been completed for the first time to have the transactions published in book form, a feature that will infuse increased interest and greater life into the section, and cause it to be a prominent factor in making the section one of the strongest, if not the strongest, dermatological associations in the country. H.

Codeine in the Treatment of Neurasthenia.

Dornbluth (*Ther. Monatschr.*) seems to regard codeine as almost a specific in the treatment of neurasthenia. It exerts a stimulating effect in combating the drowsiness of people who are obliged to be continually at work. The effect is a lasting one, unlike that of the bromides. He even claims that codeine will cure the majority of cases. The initial dose is .01 grammie, three times a day; after four or five days he increases the dose five or six times, continuing with .02 grammie, five times a day, for four or six weeks. As soon as improvement is evident the treatment is discontinued. Cases of psychic depression and melancholia have reacted equally as well to the codeine. As an adjunct to the codeine, he orders blood tonics until recovery is complete. It has no sedative effect, and there is, therefore, no danger of establishing a drug habit.—*Med. Times*.

A CURIOUS test for deafness has been brought before the Paris Academy of Medicine by Dr. Bonnier. On applying a tuning-fork to the knee or other part of the bony structure nothing is heard by the sound ear, but the note is audible to an ear in which disease has begun.—*Med. Times*.

The Cincinnati Lancet-Clinic

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SATURDAY, JUNE 22, 1901.

TOO MANY MEDICAL COLLEGES.

According to the report of the United States Commissioner of Education, there existed in this country in 1899—and, indeed, throve to a greater or less degree—151 medical colleges. Since then not a few have been added, and a conservative estimate now places the number at 175. Our total population is not twice that of Great Britain, yet the latter country declines to support more than 17. Optimistic lay publications may figure this as another evidence of American superiority, but to the physician the bald statement of fact furnishes ample food for reflection. With this enormous number of schools of greater or less degree, each one striving to outdo its fellow, is it any wonder that during the last quarter of a century the number of medical students has increased almost 200 per cent.? Physicians have but themselves to blame that their profession is overcrowded, when every inducement is made to attract students to college walls. It is absurd that a city the size of St. Louis should have as many medical colleges as the entire Russian Empire, says in substance the editor of the *Medical Record*, and we heartily endorse the statement. It is just as absurd for a town the size of Lincoln, Nebraska, to support

two; we might come a little nearer home and reflect as to the utility of one or more colleges in some of the smaller cities of our own State. The attempt has been made to condone the large number of colleges on the plea that our population is more scattered than that of European countries; but the excuse is hardly tenable when we consider that within a radius of ten hours' ride from our own city there exists, at a low estimate, between twenty and thirty medical schools.

Leaving out, for a moment, the competition for students, let us look upon another side of the question: The competition for patients for clinical material either in the hospital wards or as outdoor cases. We would respectfully assert that cities of 50,000 inhabitants cannot begin to supply adequate material for clinical instruction for even one college without pauperizing a very considerable percentage of the population; to go a step further, without depriving a portion of the graduates of this very college of a means of livelihood. And when two diploma-mills are gathered within the precincts of one small burg, then does the struggle become terrific. It does not take the wily public long to scent the "good thing," if the term will be allowed, and as a result it is no exaggeration to say that millions of dollars are lost yearly to the rank and file of the profession, and by those least able to bear the loss, entirely through the laxity of clinics and the desire to have patients at any price. Every little while we read with surprise and [sadness of scandals cropping out in our large cities as a result of this bidding for patients and of other medical crimes more flagrant. Glad are we to be able to testify that, admitting Cincinnati to be "slow and conservative," the hands of the faculties of her various medical schools are free of such evils and have always been so.

Some means should be taken to prevent this mushroom growth of medical colleges, or serious attempts at consolidation of some of the existing schools should be made. It is best for the future of medical science; it is best for the physicians themselves, even for those holding the college plums. It is perhaps demanding too much of poor human nature to ask that any of the colleges give up the struggle voluntarily, but certainly much could be done in the way of lessening the number by a consolidation of interests and students in cities where two or more schools exist. Looking at the future of such a consolidation, it would give a greatly increased revenue with but a trifling increased expenditure, so that where now it requires the juggling of a financier to make ends meet, the combination could show a handsome surplus at the end of the year, to be used as compensation for the faculty or to broaden the usefulness of the college. Nothing succeeds like success, and a well-equipped modern medical college, with good clinical facilities and natural methods of teaching, is bound to succeed. A cursory glance at the catalogues of a few of the large Eastern colleges shows more than a hundred students give Ohio as their home, and our Ohio colleges claim that they draw not only from their own State, but also from Kentucky, Indiana, Illinois, Michigan and West Virginia. The reason of this desertion is plain—the students know, and we must admit it, however reluctantly, that these colleges are our superiors, not in individual teachers, but in buildings, hospital facilities, clinics, laboratories, and every other detail that goes to make a modern college. Cincinnati is not so far behind Baltimore in population but that she could support a Johns Hopkins; nor is it conceit to say that from the medical material in this city a faculty could be chosen which would be the envy of many larger and more pretentious cities. With the proper financial

resources, with the Cincinnati Hospital used as a teaching hospital, such a combined institution need fear no Eastern rival, would attract practically all the students from its section, and would go far to suppress many of the so-called medical colleges of the great Middle West. It is perhaps a dream of Utopia, but not beyond the range of possibility, and a dream that the writer both hopes and believes will some day come to pass.

M. A. B.

VACATION SEASON.

School is out and playtime is here for many, while it is the fate of others to toil on and on until weak and weary nature utterly gives way.

For those who can and will take a rest, a momentous question arises as to where they can go. In most instances there is a dependence more or less rigid upon the fatness of individual bank accounts. For some who are favorites of fortune the sea-shore, mountains, springs and watering-places have their advantages, with a good preferential reason for a selection of any of the various resorts.

The writer has visited a number of such places. Last year a month of enjoyment was spent at Hotel Victory, at Put-in-Bay, distant due north from Cincinnati a little more than two hundred miles. The island is quiet and delightfully restful. Surrounded by water, the place is always cool, and not subject to storms. The hotel is one of the most spacious in the world. While it is not a sanitarium, it has all the advantages of one. Nor is it in any sense a hospital, for it is as bright and cheerful a little world in and of itself as may be found in any land.

Nearly all resorts have their special advantages and patrons. This may be said of Put-in-Bay. It is particularly well patronized by conventions. The magnitude of the Hotel Victory in part accounts for this feature, where there are

hundreds of feet of wide verandas, capacious dining-room, and an assembly-room to accommodate a thousand or more people, where there is a constant series of entertainments given for an amusement of guests of the hotel. By actual count twenty-five conventions are booked at Hotel Victory during the next three months, most of them continuing two or more days. To the invalid, or regular sojourner, these conventions constitute a continuous kaleidoscope, ever changing and never monotonous. There is both the activity of life and quiet of solitude.

At certain seasons the fishing is good, and the woods with forest charms is ever present. The lake and its boats are always in view.

Take it all in all, Put-in-Bay Island, with its great Hotel Victory, furnishes famous attractions for those who are inclined to golf and have golf appetites. The lazy and lorn, as well as the real invalid, can there enjoy the revelry to be had in a score or more of swings.

Finally, not the least of the numerous advantages to be enjoyed is mine host the boniface, Mr. McCreary. Lots and lots of stories are told of and on the aforesaid, some true, some exaggerated, and some purely dreams of shadowy visions, but all the same and all the time this same Mr. McCreary knows right well how to keep a hotel and make every man, woman and child feel that he or she individually is all the time receiving some special attention at the hands of Mr. McCreary. This is high art, and he is an expert.

This is not just a plain write up for Hotel Victory and its general manager, but is a normal editorial written for the purpose of telling the great medical profession that the American Medical Association has adjourned, and that the next large meeting will be September 12-15, when the Mississippi Valley Medical Association will gather, its members coming from the North, South, East and West to

read scientific papers and discuss them in the assembly-room of Hotel Victory.

This story is liable to be continued on suspicion for the next three months.

COMING EVENTS.

These are occasions or periods which are said to cast their shadows before them. Seemingly in all time history was never before made so rapidly as during the current decade. This is apparent in all of the affairs of men. Industries and avocations are being revolutionized. Values in property are multiplied as never before. Even the so-called learned professions are made to feel the new order of affairs. It is so in the worlds of medicine, theology and pedagogy, which cling so tenaciously to traditions and unwritten laws; there are to be seen relaxations and loosening of the old ties which bind. A new pathology and its sequence in therapeutics is not only manifesting itself, but is accepted as a truism the world around.

As may and might be expected and anticipated, there are those who waver an exception, but who potentially refuse to be rescued from tradition. Profound sympathy and not malediction is to be extended to those who cannot see with naked eyes, because of a dimness of vision. With them old visions and methods are clung to with tenacity, and every one is ready to admit that old age is honorable.

Not so very long ago the writer was more or less fond of ventilating his views upon the ways in which the world's work was evening and leveling national and international processes. This was at a time when there were but a few streaks of dawn to be seen illuminating the mighty waves of thought that were destined to envelope as with a mighty cloud the destinies of nations.

Science is the mighty arbiter of portentous events. High explosives on board of impervious battle ships, guarding an

innumerable merchant - marine, which is engaged in transferring from one point to another the world's wealth in its multitudinous forms, is the world's wonder to-day.

Combines, consolidations and trusts are so strong as to be appalling, and much beyond the comprehension of an ordinary intellect. Men stand in awe and literally hold their breath lest some unforeseen thing overwhelm them.

Why and what has this to do with medicine, theology and pedagogy? A reply that is logical infers and embraces everything. Great accumulations of wealth mean great endowments, and it requires no great stretch of imagination to see these turned largely into laboratory lines, where the hidden treasures of the unknown are beckoned to burst their chains for a further enrichment of mankind. The world moves, and unless time is kept with the momentum there will necessarily be a faltering in the race.

In medicine there is a new hygiene as well as a new pathology. In it there is loudly, irresistibly proclaimed the gospel and doctrines of purity, light, cleanliness, discipline and harmony. With an enforcement of the teachings of this gospel and these cardinal doctrines acute infections will be forever banished. Where doubt encounds and the question is propounded as to whether any disease is infectious or contagious, philosophically there must be a leaning to the side of safety for the living.

Keep step!

DR. L. V. WEATHERS, of Bracken, Tex., says that a few drops of the tincture of cinchona dropped far back on the tongue will at once overcome the craving for whisky in a drinker.—*Med. Times.*

FOR RENT—Office of two cheerful rooms, at 507 W. Seventh Street; has been occupied by a physician for seventeen years.

Current Literature.

The Management of Patients Before and After Laparotomy.

Wiggin concludes a paper on this subject as follows, calling attention to the points which he considers important, though usually classed as minor ones :

1. The importance, whenever practicable, of prolonged preparatory treatment of patients about to undergo an abdominal operation.
2. The importance of the administration of cathartics in the early part of this period, followed by large enemas for the purpose of cleansing the intestinal tract.
3. The importance of keeping a record of the body temperature, respiration and pulse rate for several days in advance of the operation, and of making a final examination of the urine.
4. The necessity in females of arranging to have the operation performed a few days after the menstrual period, and the cleansing of the vagina, even when it is intended that the operation shall be by the abdominal route only.
5. The administration of a small quantity of peptonized food (one ounce) containing stimulants two hours before giving the anesthetic, for the purpose of lessening the tendency to nausea and vomiting after the recovery of consciousness.
6. The necessity of the anesthetic being given by an experienced physician, and in the smallest possible quantity.
7. The necessity of protecting the patient's body properly with clothing and blankets during the operation.
8. The advantage of stimulating the pulse before the heart has become much exhausted and of using intravenous saline injections before the radial pulse has become extinct.
9. The leaving in the abdominal cavity after free irrigation of a quantity of hot saline solution, for the purpose of stimulating the patient, preventing (?) the formation of intestinal adhesions, and lessening the danger of septic infection of the peritoneum.
10. The necessity of making the patient comfortable by change of position during

the first two days of convalescence, and by the use of the rectal tube. •

11. The necessity for the early administration of food in reasonable quantities and at proper intervals.

12. The necessity of withholding stimulating enemata after operations in which extensive and firm pelvic adhesions have been broken up.

13. The necessity for deliberation as to the wisdom of reopening the peritoneal cavity in a given case of supposed concealed hemorrhage.

14. The importance of washing out the stomach as soon as the diagnosis of intestinal paresis is made, and of the persistent use of saline cathartics till the bowels move.

15. The importance of not administering cathartics to those convalescing from abdominal operations, and who are pursuing a normal course, too early or in too large doses.—*Med. Record.*

Diseases and Disorders of the Heart and Arteries in Middle and Advanced Life.

The causes of cardio-vascular diseases of the second half of life is often complex. J. Mitchell Bruce says in the *Med. Press and Circular* that syphilis appears to account for a very considerable proportion of the more serious cases of heart disease which we meet with in older subjects, of course, excluding chronic valvular diseases originating remotely in endocarditis; but I ought to repeat here, what I have already mentioned, that syphilis as a cause of cardio-vascular lesions is very often associated with other morbid influences, particularly strain and alcohol. Of its position as the principal cause of serious diseases of the valves as distinguished from the walls of the heart originating in middle life there can be no question. No fewer than nine out of twenty eight of which I have private notes were the subjects of double aortic disease; practically all the others had a loud ringing second sound over the aorta significant of degeneration; pain of anginal type in half the cases was the prominent complaint; and two-thirds of the subjects had sclerosis of the radial artery. When we consider that syphilis does also affect the myocardium primarily, that fibroid disease, chronic aneurism and fatty degeneration of the heart are all traceable to specific disease of the coronaries in

many instances; and, finally, that many of the subjects of syphilitic cardio-vascular disease have perished before forty, the magnitude of this cause can be fully realized.—*Charlotte Med. Journal.*

Treatment by Cacodylate of Soda.

M. Burlureaux read an interesting paper before the Société de Thérapeutique on the treatment of different affections by cacodylate of soda. He commenced by remarking that he employed exclusively the hypodermic method. Out of the seventy-two patients treated, only two showed intolerance, and that for very small doses; he attributed the curious sensations complained of by those patients to a certain idiosyncrasy.

A young girl suffering from anemia, with absolute suppression of the menses for fifteen months, was submitted to the cacodylate of soda treatment, and received daily injections for two months. At the end of that period the menses returned, while the improvement in strength and appetite was very remarkable.

A woman, who complained of great lassitude whenever extra work was imposed on her, was treated twice a week with the injections during the last year. The cacodylate acted as a powerful nervine tonic, so that when "run down" she applied of her own accord for an injection.

Another woman who had been operated on for a tumor of the breast three years previously, and who was much concerned about a possible relapse, was treated by large doses of cacodylate of soda with the hope of arresting the development of the cancer. At the end of six months her weight was increased by fifteen pounds, her general condition was greatly improved, while her hair, which had fallen considerably, grew with great luxuriance. The small nodule in the breast, however, was unaffected by the treatment.

A man who had suffered for two years from eczema of both hands was completely cured after twelve injections.

A gentleman suffering from Parkinson's disease, for which all kinds of treatment were tried in vain, was finally persuaded to undergo the injections of cacodylate of soda. After six weeks of the treatment his condition was considerably improved; he was able to take exercise out of doors,

while the trembling of the head and limbs had notably diminished.

After citing several more cases, the author said that unfortunately it was not possible to promise beforehand improvement or cure, as in one patient the treatment succeeded marvellously, while it failed in another without any apparent reason. When success was to crown the treatment it was rapid and quickly observed; improvement began after the fourth or fifth injection. If after six or seven injections no improvement took place it was better to discontinue the treatment.

He regretted to say the cacodylate treatment did not give him much encouragement in tuberculous affections. He had treated more than thirty of these patients, but the result was only temporary. In any case, concluded M. Burlureaux, the medication given in large and prolonged doses, does no harm to the economy if it did no good. The affections which seemed to have been the most benefited by cacodylate of soda were those derived from defective nutrition, and where the appetite and the strength were wanting.

The dose for injections was one grain per centimetre cube (a full hypodermic syringe).

By the mouth—

Cacodylate of soda, . . .	x grains.
Simple syrup, . . .	3v.
A teaspoonful three times a day in water.	

—*Paris Cor. Med. Press and Circular.*

On Bandages for Nephroptosis.

George M. Edebohl (*Medical Record*, May 4, 1901) says that bandages for movable kidney may be divided into two general classes—simple bandages, and apparatus embodying the feature of a special kidney pad. Simple bandages act by supporting the entire contents of the abdomen, sustaining and more or less immobilizing the movable kidney or kidneys on top of the intestinal mass. All the relief to be gotten from bandages in cases of movable kidney is obtainable from one or two devices, either from an elastic bandage encircling and sustaining well the lower two-thirds of the abdomen, or from a long and low-reaching corset fitted and adjusted with the same end in view. The relief obtainable from bandages in any case of movable kidney will depend upon

the presence and degree of any associated enteroptosis. The greater the degree of associated general enteroptosis, the better the prospects of relief from a bandage or corset. When movable kidney exists without general enteroptosis, no form of apparatus will prove satisfactory. All forms of apparatus with special kidney pads or trusses are to be absolutely rejected because they are impotent to fix and sustain a movable kidney, and because any pressure they may exercise is injurious to either the kidney or to neighboring organs, especially the vermiform appendix, or to both. In all cases in which relief of symptoms cannot be obtained from either a proper simple bandage or corset, nephropexy is indicated.—*Med. Age.*

The Results of Surgery in the Aged.

The general impression concerning the outlook of surgical operations in the aged may be summed up in the common remark, "Oh, he is too old to be operated upon," but a careful examination of the statistics of operations in elderly patients justifies a more sanguine view. The old adage that a man is as old as he feels, and a woman as old as she looks, is a tolerably safe guide in determining the momentous question whether to operate or not. Sprightly, energetic old men, of a sanguine temperament, withstand surgical procedures remarkably well, while flabby, wrinkled, dried-up old women succumb very easily, even at a less advanced period of life. On the other hand, the class of elderly women described as well-preserved, with bright eyes and a clear complexion, often prove capital surgical patients. The question must be decided principally on the results of examination of the heart and kidneys. Organic valvular disease of the heart is not necessarily a bar to operation, but the presence of fatty or other form of tissue degeneration is of serious import. With respect to the kidneys, the presence of a trace of albumin and occasional hyaline casts in old people is not of great moment, and such persons often prove very successful subjects for operation. Old people are peculiarly susceptible to surgical shock, hence the importance of celerity in completing all extensive operations. According to the statistics recently published by Dr. J. P. Tuttle, of New York, the mortality is less among the aged poor than

among the higher classes of society, a fact which may be due to their greater endurance, or perhaps to their performed less self-indulgent lives. In any case the result of the scrutiny of statistics seems to show that while age is a factor which must not be lost sight of its significance is not necessarily as great as is usually supposed.—*Med. Press and Circular.*

Uremic Cephalalgia in Childhood.

Henri Caussade (*Thèse de Montpellier*, 1900) says that headache is a common symptom in many febrile and non-febrile diseases of childhood. There is also a cephalalgia distinct from migraine and yet resembling it. Paroxysmal attacks, sometimes as rapid as lightning and sometimes more lasting, appear in a child who is in apparently perfect health. Nausea and vomiting and ocular disturbances are lacking. Two etiological factors are concerned in the production of these headaches: An arthritic heredity and defective diet. As Comby puts it: "If the child has begun to eat over-nitrogenous food too early, if his digestive powers have been over-taxed, if he has not been able to assimilate or to sufficiently eliminate the ingested food, he may suffer from periodic headaches, cyclical vomiting, convulsions, albuminuria, urinary disorders, and other manifestations of the uric acid dyscrasia." Other authorities who have studied the question have come to the same conclusion. The difference in opinion applies to questions of a secondary nature, as the nature of the products retained in the organism. Uremia seems to all to be a true intoxication; it is to childhood what gout and gravel are to the adult. The diagnostic points are arthritism in the family history and paraarthritic symptoms in the child (pruriginous dermatoses in especial). Treatment should be directed to the prevention of the formation of uric acid and to its elimination.—*American Journal of Obstetrics.*

A New Symptom in Paralysis Agitans.

The attention of physicians has lately been drawn to the fact that early in the course of paralysis agitans certain very characteristic spasmodic muscular contractions occur. In several cases of paralysis

agitans a peculiar symptom has been noticed, viz., that the patients were subject to a contraction of the toes which made them flex or curl up under them so that they were liable to be thrown down, and it would appear that this symptom is the immediate precursor of other recognized symptoms of paralysis agitans. The duration of the "contraction period" is variable. In regard to one patient who complained of this contraction of the toes, at the time the man came under observation nothing was known of the significance of the contractions complained of, and his medical advisers were at a loss to account for it. Two years later, however, the man was seen again, when he presented the typical signs of paralysis agitans. On looking through their case books, this symptom was found not to be altogether infrequent. One woman with paralysis agitans stated that the first thing she noticed was that her right toe used to be drawn up. In another case the patient volunteered the information that the trouble had commenced with the contraction of the fingers. Though the symptoms of paralysis agitans may be said, on the whole, to be simple, and the disease, as a rule, not difficult to diagnose, every assistance in early diagnosis is of value.—*Med. Press and Circular.*

Curettage of the Uterus.

The very popularity of this operation is a source of danger, for the gynecological proclivities of many general practitioners are apt to blind them to the risks associated with this procedure when carried out carelessly and without due regard to anti-septic precautions. We have heard of instances in which the uterus has been curetted in the consulting room without previous sterilization of the vagina, the patient being then allowed to drive or walk home. Even when carefully performed, curettage of the uterus is not unfrequently followed by troublesome and possibly dangerous peri-uterine inflammation, and when done by the inexperienced or careless, it becomes positively dangerous. That it is a valuable method of treatment in certain conditions of the uterine mucosa cannot be denied, but the facility with which it can be done, after a fashion, by anyone, is calculated to lead to its abuse.—*Med. Press and Circular.*

Translations.

GREEK MEDICINE.

From *Aesclepiades* to the Time of Galen.

BY DR. CONSTANTIN TSINTSIRAPOULOS.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

CHAPTER I.

Dogmatism, Hippocrates, Diocles of Carystus, Praxagoras, School of Alexandria (Herophilus and Erasistratus Empirics).

This paper, as its title indicates, is consecrated principally to the methodical sect; but, nevertheless, we believe it our duty to first show, in a brief and rapid manner, it is true, the principal doctrines of dogmatism and empiricism, for the following reasons:

Methodist authors make continual allusions to the ideas of their adversaries, either to deny them or to adopt them; their practice and even their theory were not as new as they believed. They differed from preceding sects upon a certain number of fundamental points, such as etiology, rejection of purgatives, etc., but the symptomatology that they assigned to diseases, the number of the latter and their appellations, their prognosis and diagnostics, are about the same as those that were admitted, for instance, by the partisans of the old humorism. In the main these resembled each other greatly, and we can compare the differences that existed between the methodists and the dogmatists to the particularities that, in our day, separate the partisans of the blastema from those who derived everything from the cellule. The fundamental conceptions of the two schools, did not resemble each other, but the tissues of the organism are described in the same manner by the partisans of Virchow or of Robin. It would, then, be impossible to comprehend methodism if it had ignored the ideas of its adversaries; one would not have been able to clearly see what was new and what there was similar to ancient theories in the methodic sect, with which we shall principally occupy ourselves. In fact, except for erudite men, who are rare

and scattered here and there in all countries, the doctrines that we shall expose are, for the world, something ignored, or at least very confused. *Besides, it is still necessary, for another reason, to occupy ourselves with dogmatism and with empiricism;* it is from the first to the second century after Jesus Christ, the medical history we write, and these two sects were still in full prosperity, and had many partisans, although less numerous, it is true, than those of methodism.

DOGMATISM.

We believe it our duty to preserve for Hippocratic doctrines the name of dogmatism, that Galen gave it, although the term humorism is more suitable. The ideas of the "Father of Medicine" are only known to us by the treatises composing the Hippocratic collection, a sort of encyclopedia that, according to Littré, its learned translator, has been modified, retouched, remodeled a large number of times, and is manifestly incomplete and contains works that were certainly never composed by the greatest of the *Aesclepiades*. This is to say that it is very difficult to separate those portions that properly belong to the book. But the influence of Hippocrates is as impossible to deny as that of the Alexandrians, likewise as badly known. We discover the effects they produced as we would suspect the existence of a star by the perturbations we observe in the current of other celestial bodies.

We are reduced in the main to more or less improbable conjectures, but have no right to neglect them, for this nihilistic system would lead us merely to complete lack of intelligence regarding the history of medicine. For the remainder, if the doctrines of Hippocrates are almost unknown, it is even more so with the traditional ideas that were attributed to him in times of antiquity. The Hippocratic collection, whatever may be its true origin, had the greatest possible importance for the development of medicine, and it is from it, in fact, that we occupy ourselves rather than for who may be its author.

Medicine, as we study it in the Hippocratic collection, was already a true science, although still young and very imperfect, and possessed even then a number of exact notions the depth of which astonishes modern physicians. On many

points it is shown to be more wise than methodism, and even Galen, who believed he was restoring their doctrines, while, in reality he was modifying them.

Let us now examine, step by step, the principal treatises that characterize medicine such as Hippocratic physicians understood them. The *general causes of disease*, according to Hippocrates, are *heredity, climate, seasons and epidemic constitution*. Heredity depends on a morbid predisposition of the male seed from whence it is derived by all portions of the human body. The treatises on water, places and air are well written, and show for the first time the influences exerted by climate. Hippocrates tells us that catarrhs are most common in cold countries, while disease of the liver, eye and brain are common in hot climates. He also insists on the properties of potable waters that depend on the soil and prevailing winds; he shows us that snow water is bad for the stomach and may even induce dropsy. He also understood that differences in sex had an important bearing; for instance, that calculi, while frequent in young boys, was rare among little girls; that inhabitants of marshy ground were subjects of malaria.

Hippocrates, in truth a son of Greece, was sensible to the harmony of things and the ponderation of a well-balanced life, believing that all that disturbed such a condition is the principal cause of diseases; for the Hippocratic school, morbid conditions had relatively little importance by connection with the physiological state. The morbid causes act by altering the humors, which are blood phlegma, yellow bile and black bile (*atrabile*), put in a state of crisis. These four elements act by exaggerating or diminishing certain normal dispositions or humors, and by intermixing; for example, cold phlegm or phlegm with bile is an essentially hot element. Fever is a result of a warming up of the phlegm; the chill indicates the mixture of the phlegm with the blood or colder bile than usual. But we also find in the Hippocratic collection another theory of fever, according to which the latter may be due to an exaggerated production of phlegm, that swells the tissues and oppresses the secretions; catarrh, that enjoys a grand rôle in the pathology of Hippocrates, arises from an exaggerated secretion of phlegm by the brain that

turns it to some other portion of the body. This flux may be carried to the eyes, ears, lungs, vertebral columns, etc.; the heart itself may be attacked, and hence come on palpitations and dyspnea. The admixture of the four elements is the source of great misfortunes, notably suppuration, for *pus is only corrupted blood, or liquified flesh*; an abscess may be simple, metastatic, congeitive and is often surrounded by a false membrane, especially when there is a fistula (Epid VI). The therapeutics is very remarkable; he notes that nature has a natural tendency to cure. This is especially noticeable in acute diseases; each affection presents, at a given moment, a crisis where nature, or, to the contrary, the disease, wins after a hot struggle.

The nature of critical days is of the greatest importance; this theory is manifestly apparent with the doctrine of Number 7; the fourth, sixth, eighth, tenth, fourteenth, twentieth, thirtieth, fortieth, sixtieth, eightieth, hundredth day; or, to the contrary, the third, fifth, seventh, ninth, eleventh, seventeenth, twenty-seventh, thirty-first, are critical days.

Therapeutics consists in *sustaining the strength of the patient, moderating morbid manifestations, and especially to know how to wait and regulate the crisis*. Prognosis, the importance of which Hippocrates seized upon as of great importance, rests on the state of the body, nutrition, condition of physical forces, temperature, color of the skin and sleep; the latter when coming on in the morning was an unfavorable omen; sweating, when it arrives during the progress of an acute malady, was also deemed an unfavorable sign. Prolonged dorsal decubitus, slowness and difficulty of movement, are bad, too, from a prognostic standpoint. Finally, the whole world of medicine knows the Hippocratic facial expression and the deduction drawn therefrom by this grand old physician. For the rest, he neglected no secretion or any portion of the body to the end of better predicting the final outcome of the disease.

Besides being very modest, Hippocrates tells us that certain mistakes in the treatment may save the patient! Thus, an emetic has relieved an empyema, while, to the contrary, a well-ordered medication might have been injurious. He often speaks of his good and bad luck.

Semeiology rested upon the subjective

signs and symptoms, but was principally symptoms that presaged the general condition; the temperature was judged by applying the hands over the chest; the pulse was much better understood than later on. That which was esteemed especially worthy of study was the skin and its exudations, movements, meteorism, sleep or condition of wakefulness, agitation, chills, diarrhea, cough, sputum, hic-cough, urine, tears, hunger, thirst, plethora, pain, ideas, memory, talkativeness, silence, the condition of pituitary membranes, the state of hypochondria, the limbs, eyes, palpitations, pulse, odor, dreams, humor of the patient, breasts, semen, the womb.

The notions of diagnostics rested also upon an anatomical basis. Example: In the V Book of "Epidemics," in a penetrating wound of the abdomen, they attributed the illness to a wounded intestine and hemorrhage. Unfortunately their physical exploration was altogether rudimentary; meantime, let us note Hippocratic succession, metallic tinkling and crepititation in certain thoracic affections (de Morb., n. 61). The followers of Hippocrates employed bleeding, but moderately; they used scarifications and cupping. Oil, wine, vinegar and water held an important rank among remedies, as well as baths and exposure to the sun, hot packs and fomentations; cold baths were very much in use, as well as cold wrappings, principally in fevers and inflammatory diseases; clysters were often employed to induce sweating; they usually resorted to hot lotions; *in no place is opium mentioned, and the drug was known before the time of Hippocrates.*

SPECIAL STUDY OF DISEASES.

We do not find any symptomatic study of this kind, but here and there is important information. Among intermittent fevers, cause enjoyed an important part; within the patient had fever, outside he appeared cold; this malady easily degenerated into pneumonia; we see, described that appears to have some relation with influenza, the phthisical epidemic of Thasos (Epid iii, section 3, chap., xvi).

Certain descriptions seem to be connected with abdominal typhus (Epid iii and aphorism vi, book i, 153-155). We also find a disease resembling mumps, a parotitis with testicular metastasis).

Eruptive fevers and diphtheria of recent date are, naturally, not mentioned.

As local affections let us cite diarrhea, dysentery, lientery, coma, aphthæ, tonsillitis, ileus, tenesmus, tumefactions of spleen and the liver (swelling of the spleen being frequently accompanied by epistaxis); colds in the head, ulcers, polypi of the nose, acute and chronic laryngitis, bronchitis and pneumonia, pleurisies and hemiplegia, are mentioned; hydrothorax was common in cattle, sheep and goats; we often find descriptions of erysipelas of the lungs, with violent fever, dry cough, sensation of fulness (Affect. int., book viii, 222). Renal lithiasis was very well studied, as was also hematuria; abscess of the liver is mentioned, and wounds of the bladder that were considered as fatal. Psoas and lepra of the bladder are likewise noted. Vesical calculi, tumors of the testicle and varicocele are also cited.

For the principal nervous maladies, there was phrenitis, lesions of bearing with fever; he undoubtedly confused typhoid fever and grave pneumonia; the obstruction of vessels by phlegm is explained. Apoplexy, lethargy, paralysis are described, but in a confused manner. Finally, let us remark that Hippocrates seems to have had some knowledge of the more important cancers of the economy.

THE DIRECT SUCCESSORS OF HIPPOCRATES.

Medicine was perfected at the death of Hippocrates, at first by his son-in-law Polybius, one of the most famous practitioners of the isle of Cos; Galen praised greatly his skill and experience, and tenders thanks to him for having so faithfully followed the precepts and practices of his most illustrious father-in law. We know but little of Polybius, and the books attributed to him appear apocryphal ("Methods of Preserving the Health, Diseases and Nature of Seed"). Finally, it is believed he was the author of the work "De Natura pueri" that may be found in the Hippocratic collection. Aristotle and his disciple, Theophratus, without determining the direct progress of medicine, nevertheless contributed to it by their extended investigations in natural history. Diogenes, of Laertius mentions, among over two hundred works, that composed by the latter, a history of plants, of which some fragments remain, and that appears quite

important, since we find mentioned therein the medical properties of simples.

Dioxippus of Cos, a disciple of Hippocrates, wrote, according to Suidas, a book on medicine and two on prognostics.

Petronus was especially known by Celsus, who affirms he lived before Erasistratus and Herophilus. Celsus states that he wrapped fever patients up in thick coverings so as to provoke perspiration and induce thirst. When fever diminished he ordered *cold water*. If sweating did not occur he doubled the dose of water and induced vomiting. When amelioration was sufficiently marked he made his fever patient eat roasted pork and goose meat and then drink wine; if the patient did not recover he resorted again to emetics and salt water. He was not a partisan of dietetic treatment, and Galen, who also mentions Petronus, after condemning the methods of those who weaken their patients by too long abstinences, blames them for injuring patients, on the other hand, by giving them too much nourishment.

Diocles of Carystus, who was held in great esteem by Galen, appears to have made serious progress in medicine. De Tourey assures us that his investigations permit him to think that this illustrious physician was with Empedocles and Democritus, one of those who first moulded the foundation of anatomy, and although his rude dissections excited the sarcasms of Galen, they rendered the greatest service to that science. In fact, it is needless to remark that Diocles of Carystus had so well studied the uterine appendages that Soranus and Galen believed it their duty to mention him, especially for his knowledge of the Fallopian tubes, that he was the first to compare to the horns of ruminant animals. However, this may be, he was most certainly a very skillful practitioner, and the Athenians called him a second Hippocrates, on account of his numerous cures and also by reason of his warm attachment for the doctrines of "the school of Cos."

Cælius Aurelianus furnishes us some very interesting information on the manner in which he treated patients. To those who spit blood he gave well-cooked paste mixed with meal and blackberries. He made patients suffering from ileus or intestinal occlusion swallow a lead ball.

Praxagoras, son of Nearchus, was one of the last Æsclepiades, whose name has been preserved by history. If he was, according to Galen, a very bad anatomist, he composed works on medicine that enjoyed a great reputation. A determined humorist, he attributed all diseases to alterations of the liquids; he multiplied the humors that were laid down in Hippocrates and distinguished ten varieties, without counting the blood. We find in Cælius Aurelianus some details on the ways in which he cared for the sick. Thus in intestinal occlusion (iliac passion), after using emetics for a long time he decided to dilate the lower end of the bowel by gaseous injections. If nothing succeeded he incised the belly, and examined the intestines, seeking to remedy the obstruction, then sewed up the opening again in the best possible manner. This intervention, justified at the present day, thanks to the progress of modern surgery, gave very bad results in former times, but this makes the matter no less interesting by the idea of this inspiration. His method was no less heroic in cases of epilepsy; he shaved the heads of patients, gorged them with disgusting medicines, and did not hesitate when needful to use red-hot irons.

Finally, the famous "school of Cnidus," of which we know so little, but which enjoyed an important part in the history of medicine, han, at the epoch with which we are dealing, some very distinguished representatives. Euthyphron, the Cnidian, who lived in the times of Aristophanes, has been put in a scene by Plato. In comedy, when he introduces Cinerias, son of Evagores, on the stage, thin as a skeleton, recovering from pleurisy, his chest full of pus and the body covered by scars made by Euthyphron when pricking different portions of the body with red-hot irons.

The "Cnidian school," contrary to that of Cos, neglected general pathology, and occupied itself more particularly with diseases. Chrysippus, master of Erasistratus, is almost unknown. He strongly opposed bleeding and purgation, as we learn from Saler, who states that his writings were very rare, even in his day. He has left nothing for us, but we see his name cited with honor by Cælius Aurelianus, Plutarch, Macrobius, and others. Pliny reproaches him for having abused

argument in opposing ancient medicine, but we know this Roman writer hated innovation. The Latin author tells us he composed a treatise on plants, and was expansive, notably on the curative properties of cabbage. Chrysippus was held in special regard by his pupil, Erasistratus, who embraced many of his opinions, and had, like his predecessor, very little esteem for many of the aphorisms of "the school of Cos."

[To be continued.]

Diphtheria Antitoxin Used Successfully by the Mouth.

W. Cambell McDonnell, M.R.C.S., England, L.R.C.P., London, reports the following case to the columns of the *Lancet*:

It being thought that the antitoxin of diphtheria must, for successful exhibition, be hypodermically injected, the following may be useful:

A girl, aged fourteen years, having both tonsils covered with a soft, white pellicle, and with no symptoms but a sore throat, very slight enlargement of the related lymph glands, and a temperature of 38.2° C., at 11 A.M., on November 12, 1900, was given 1,500 units of antitoxin by the mouth, on the second day of the illness. The antitoxin had been issued by Burroughs & Wellcome, in the dry state, and was twenty months old. One patch yielded the diphtheria bacillus, as was certified by the medical officer of health. Within twenty hours of giving the antitoxin, the right tonsil was quite clear. No application was made, nor was any gargle used, to the throat. On the third day there was no pellicle to be seen, and at 1:30 A.M. the temperature was 35.8° C. On the tonsil which was at first the most affected was seen a slight recurrence of pellicle. For this another 1,500 units of the dissolved dry antitoxin were given by the mouth. She recovered uneventfully, and as quickly as possible.

In an earlier case, where the struggling, on attempting to hypodermically inject the antitoxin of diphtheria, made that method impracticable, the antitoxin was rectally injected. The benefit was equal to that in the case described above. In this case diphtheria was not bacteriologically proved, but clinically it was certain.—*Med. Times*.

Book Reviews.

Favorite Prescriptions of Distinguished Practitioners. With Notes on Treatment. Edited by B. W. PALMER, A.M., M.D. New York: E. B. Treat & Co., 1901.

The book takes in turn all the different systems of the body and gives prescriptions available for the various diseases. Its popularity is evidenced by the fact that the present is the seventh edition to have been put on the market. It assumes no literary merit or originality. That many of the prescriptions have been signed by some of the leading physicians of the age has no doubt given the book a vogue among a certain class of readers.

M. A. B.

The Dynamic Value of Carbohydrates.

According to the *Georgia Journal of Medicine and Surgery*, Abel summarizes the value of carbohydrates for muscular work as follows:

1. When the organism is adapted to the digestion of starch, and there is sufficient time for its utilization, sugar has no advantage over starch, as a food for muscular work, except as a preventive of fatigue.
2. In small quantities, and in not too concentrated a form, sugar will take the place, practically speaking, weight for weight, of starch, as a food for muscular work, barring the difference in energy and in time required to digest them, sugar having here the advantage.
3. It furnishes the needed carbohydrate material to organisms that have as yet little or no power to digest starch. Thus milk sugar is part of the natural food of the infant.
4. In times of great exertion or exhausting labor, the rapidity with which it is assimilated gives it certain advantages over starch.—*Med. Times*.

A SMALL piece of rosin, finely powdered and kept on the toilet table, will prove a great benefactor to those who are troubled with their eye-glasses falling off. Dip the tip of the finger into the rosin and put what adheres to the finger on the side of the nose. It will then be impossible to shake the glasses off.—*Med. Times*.

The Cincinnati Lancet-Clinic

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLVI.

JUNE 29, 1901.

WHOLE VOLUME LXXXV.

PELVIC MASSAGE AS AN AID IN THE TREATMENT OF GYNECOLOGICAL LESIONS.*

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What is pelvic massage? There are several different methods, each one claimed by its advocates to be the only true and proper system. For classification pelvic massage may be divided into abdominal massage, where the manipulations are made by the hands placed only on the abdomen; abdomino-vaginal, where one or two fingers are placed in the vagina, holding the uterus and its appendages upwards, while the other hand on the abdomen makes the movements; abdomino-rectal, one finger in the rectum, the other hand over the abdomen.

Some masseurs reject wholly the latter two methods, and employ only the abdominal or external method, the movements embracing, in this case, effleurage, petrissage, tapotement, etc., with some other manipulations specially applied to this region.

Prochovnik, of Hamburg, advocates abdominal massage; he has had good results, but he admits accidents, and these could be much more frequent with one less skillful, or with one less sure of his diagnosis. The patient is examined under chloroform.

Forcible energetic manipulations are necessary in this form; these are fatiguing to the doctor and painful and dangerous to the patient.

Other authorities, as Dr. Gustav Norstrom, of Stockholm, believing in the abdomino-vaginal variety, still apply force, as in the treatment he advises for an hypertrophied uterus, the vaginal finger lifts it upward as far as possible, while the abdominal hand grasps and kneads it through the abdominal wall, pressing it

laterally against the pelvic walls, or anteriorly against the symphysis. Massage requiring such force can scarcely recommend itself to the conservative physician, and it must necessarily be very painful to the patient.

Pelvic massage has been brought into disrepute because of the dangerous conditions which may be brought about by traumatism from the forcible manipulation of organs already disabled by disease, or from the rash stirring up of quiescent foci of bacteria.

Pelvic massage, as taught by Thure Brandt, is neither painful nor dangerous for the patient, nor is it fatiguing for the masseur. He advocates the abdomino-vaginal and the abdomino-rectal varieties, and, as an aid to these, gymnastics. The vaginal finger is placed posterior to the uterus or in the lateral cul-de-sacs, and at first very slight pressure is made upward, while the abdominal hand *masses* with slight rotary movements; this is preparatory or analgesic, and it is not until one is very sure of his territory that pressure is exerted, then the movements are not employed with force, and the slightest pain complained of by the patient should be an indication that too much pressure is being used. If the manipulations are not free from pain there is danger of increasing the already existing pathological condition, but if the massage is made gently and cautiously according to the treatment of Brandt, and in suitable well-selected cases, no harm will be done.

The massage of Brandt is not only a method of treatment, but it is an aid to diagnosis; the vaginal finger becomes

* Read before the Academy of Medicine of Cincinnati, April 15, 1901.

wonderfully expert in detecting changed conditions in the pelvic cavity. The degree to which the adhesions have been liberated, the diminution in the size of exudate deposits, the appreciation of organs which were before hidden under these diminishing exudates, the consistence of different organs, all can be in many cases very accurately determined.

The gymnastics consist in motions of the trunk, legs and arms, made by the patient and opposed by the masseur; these serve to strengthen the muscles of the back and pelvis; rightly used, they are a great aid to the massage.

I have thus hastily given an insight into the method of Brandt, which I consider the proper method to use, and which in the hands of even the inexperienced presents but few chances of harm to the patient, and in skillful hands accomplishes great good, and this often so quickly that it is a surprise to the patient and frequently to the operator himself.

What is accomplished by pelvic massage and gymnastics? As mentioned previously, strengthening of muscles of abdomen, back and pelvis, promotion of peristalsis, increase of vascular and lymphatic absorption, stretching and attenuation of adhesive bands, freeing nerves pressed on by exudates and cicatricial contractions, relieving venous stasis, favoring arterial circulation, and restoring tonicity to tissues, ligaments and muscles.

To what class of gynecological cases is this treatment applicable? To flexions and versions of the uterus, subinvolution and infantile uterus, to prolapsed uteri not accompanied by deficient peronei, to pelvic exudates and adhesions, to painful and prolapsed ovaries, and to painful conditions in pelvis subsequent to hysterotomies.

What is the opinion of gynecologists as to the efficacy and advisability of pelvic massage? In trying to solve this I looked over all the works devoted to diseases of women to which I had access. In many there was no reference to pelvic massage at all; in other works the authors evidently had only a hearsay knowledge of the subject, and in several the reference was to massage other than Brandt's, for they spoke of the pain, the forcible manipulations, etc.

Penrose, in his book, published in 1897, says: "The treatment of pelvic adhesions by pelvic massage is now on trial. It

seems to do good in some cases; much judgment is required in the selection of cases to which it may be applied."

"Garrigues, 1894, speaking of Shultz's method of forcible tearing of adhesions, says: "Not less efficacious and much safer is Brandt's method, which obtains similar results by means of manipulations directly through the abdominal wall and vagina. By these means the adhesions are gradually stretched and made to be absorbed by vital processes. Certain manipulations inside of the pelvis and through the abdominal wall constitute a valuable mode of treatment in many diseases of women, especially in chronic metritis, cellulitis, peritonitis, exudations, adhesions, hematoma and cōphoritis. Often a general massage is added; in this way exudations, infiltrations, hypertrophies, and adhesions are made to disappear, weak ligaments and muscles are strengthened, displaced organs are brought back and kept in their normal positions. The procedure being rather painful, there is no danger of causing sexual excitement."

As this is brought forward by several authors as an objection to pelvic massage, I wish to say that any fears of this kind are wholly unfounded, judging not only from my own work, but also from the work of others who have testified that no such effect is produced, the manipulations being over the abdomen almost entirely.

Garrigues further says: "The manipulations are quite complicated, and have to be adapted to the special abnormal condition obtaining, and can hardly be learned except by seeing them carried out by one who is an expert in this work. Unfortunately, this treatment requires so long sittings, up to three-quarters of an hour." Here, again, he is wrong; the time occupied in giving the massage is not longer than fifteen minutes. "The length of the sitting is partially counterbalanced by the great efficacy of the treatment, which often leads to a cure in a short time," etc.

Pozzi, 1897, in regard to pelvic massage, gives from Vulliet a description of kneading, friction and pressure of the uterus, which, as before remarked in this paper, is entirely too vigorous a method to be safe. Pozzi says: "Massage has in the last few years been greatly lauded as a method of treatment of inflammations of the uterus and appendages, and, like all new measures, has aroused more enthu-

siasm than it deserves. This method is by no means free from disadvantages. I think it should be used exclusively in cases of chronic salpingitis in which there is no suspicion of encysted collections of pus, etc.; in acute inflammatory processes massage does more harm than good. Yet I would advise this method of treatment in cases of residues of inflammation, long passed, adhesions, cicatricial contractions, for the relief of which many a laparotomy has been done all too hastily."

"American Text-Book of Gynecology :" "Massage has a much more limited field than electricity in pelvic inflammatory lesions, and is more dangerous in unskilled hands. In the acute stage of the disease it has no place whatever, but its greatest use is in the chronic form, etc.; here it is impossible to say whether there is pus or not, and the manipulations may easily relight a subacute or chronic inflammation into an acute attack."

The possibility of stirring up and spreading encysted bacterial foci is raised as an objection to pelvic massage by several gynecologists; this fear would seem to be well grounded to those who have no experimental knowledge of this form of treatment. In refutation of this I quote from a work of Dr. Joseph Schreiber on "Pelvic Massage." He says: "I have often treated pelvic adhesions with massage and have never seen inflammations follow."

In the "Archives de Gynecologie et de Tocologie" of Dr. Auvard: "There is no danger in giving massage very gently even in acute inflammatory processes, or even to the pregnant uterus. The only contra-indications are purulent conditions with fever, malignant tumors and tubercular conditions." Dr. Auvard has had extensive experience in his clinique with gynecological massage. He has a masseuse who three afternoons in the week treats six or more patients each day.

These are the practical observations of men who have had long experience and know whereof they speak.

Hart and Barbour: "As the result of pelvic inflammation where uterus and ovaries are bound down by adhesions, the bimanual massage of Brandt of the adherent organs and tissues slackens these and promotes vascular changes and lymphatic absorption, and in this way brings about a more healthy condition of the local cir-

culation and relief of the nerve pressure, supposed to be exerted by cicatricial tissues." Then follows the two objections which I have already met.

Dr. Homer C. Bloom, in *Journal of American Medical Association*, 1898, page 1037, gives a condensed review of fifty cases treated by a professional masseuse at Gynecological Hospital, Philadelphia. The masseuse was a student of Brandt's method. In cases of infantile uterus with scanty painful menstruation, of twenty cases two out of every three cured, the other one-third symptoms not ameliorated; in old exudates and cicatricial tenderness the treatment did good; in cases of pain around the stumps of ovaries subsequent to laparotomies, massage relieved the pain which before had been refractory; sub-involution, no benefit; uncomplicated endometritis, more harm than good; sub-involution and retroversion, no benefit. He thought that the treatment in tubo-ovarian disease might be capable of doing much harm. He found that peristalsis was increased and constipation was relieved; hemorrhoids also relieved.

Vineberg bases the following conclusions on two years' experience with pelvic massage: (1) Pelvic massage is the most valuable therapeutic measure in a large percentage of gynecological affections: (2) if properly applied in cases where it is indicated, it is a thoroughly safe procedure: (3) celiotomy and ventro-fixation for displacement of the uterus and for residue of inflammatory processes are unjustifiable until the case has been subjected to a thorough trial with pelvic massage: (4) it must entirely replace Schultz's method, which is a dangerous procedure, limited in its application, and not nearly as quick in breaking up adhesions of long standing; (5) of all methods for the treatment of adherent and displaced pelvic organs, it must rank as an ideal one, calling for no mutilation and for no fixation of organs. The latter is in itself pathological, as nature has given these organs, especially the uterus, a wide range of mobility.

My personal knowledge of pelvic massage dates from 1896, when I was a private student in the gynecological clinic of Dr. Auvard, at Paris. The masseuse employed at the clinic was Dr. Cecile Leder, a Polish physician, who was a student of Brandt. Seeing the efficacy of the of

treatment while there, I studied under her. In my private practice since then I have treated a series of thirteen cases. Of these I wish to cite a few which have presented points of interest in showing the good results which can be obtained.

One of the first was Mrs. P., treated in 1898, aged forty years, married, two children. She had no recent history of pelvic inflammation, but complained of weight and pain in that region; these she had suffered for several years.

Examination: Uterus large and heavy, immobile, cul-de-sacs rigid; ovaries not palpable.

Treatment: Pelvic massage and tampons of glycerine. She could come to the office but twice a week. After six treatments the uterus was much smaller and slightly mobile; the cul-de-sacs had become so pliable that I was able to palpate the ovary on the right side, which was quite large.

Her symptoms became so ameliorated that on the fifteenth treatment she said she was so well that she declined to be treated longer. Her uterus then was not quite normal in size, but was greatly diminished and was perfectly movable. I saw her about a year afterward and she had suffered no return of bad symptoms.

Another case that was of interest to me from the short time which elapsed before an improvement was brought about was the case of Mrs. G., a German woman, whom I saw in August of 1898, married, two children, youngest ten years old; had not been pregnant since. Had suffered from dysmenorrhea from almost her first menstruation; pain began in the left side with the first flow, and lasted two or three days. Her suffering and nausea was so great that she could eat nothing; menses lasted five or six days, and for one week after their cessation she felt weak and relaxed, being scarcely able to do her housework. She gave a history of a severe attack of pelvic pain two years before coming to me; this had kept her in bed six weeks. Her family physician had pronounced the trouble neuralgia; in fact, he had told her whenever she consulted him for her dysmenorrhea that it was due to neuralgia—this though he had made a vaginal examination.

Upon examination her uterus was found to be enlarged, movable; os quite patu-

lous and eroded; right ovary much increased in size, mobile; on the left side there was an undefined immovable mass adherent to the left pelvic wall.

Treatment: Pelvic massage, boro-glycerine tampons, iodine to the cervix. After two treatments her menses came on, and to the surprise of both doctor and patient they were very much less painful than they had been for years before. With great pride she told me that she had not missed a meal during the time she was unwell.

September 7, after but seven treatments, she came rather irregularly to me. Her menses reappeared at the regular time, and this time she was entirely free from pain until the third day, when she came to town to see the G. A. R. parade. The fatigue from walking and standing brought on some pain, but this was not severe in character nor of such long duration. Uterus and right ovary were now somewhat diminished in size, exudate on left side also smaller,

October 15 she had received fourteen treatments. Menses free from pain; ovary on left side for the first time palpable, enlarged and tolerably mobile.

Patient came for treatment until November 17, when, having had her menses for the fourth time, and the third and fourth being free from all pain, she considered herself well, and in spite of her doctor's advice she dismissed her case. Uterus was now normal in size, os no longer patulous, right ovary about one-third reduced, left ovary still large and not entirely mobile. The pain had evidently come from the left ovary being bound down and buried under an exudate.

July 29 of the following year Mrs. G. again came to my office. Her general health was good, she was much increased in flesh, she had suffered no pain during her menstruation since I had seen her last.

September 10, 1900, I again saw Mrs. G. She had now been for two years practically free from dysmenorrhea. Uterus then normal in volume, ovaries on both sides still large, and the left had become entirely mobile.

This woman had before the massage been a sufferer from the severest form of dysmenorrhea for nearly twenty years.

Another case which presented points of interest came to me March 25, 1899. Mrs. N. Abortion seven years before; had not

been pregnant since. Had no pelvic disturbance until August of 1898, when she had suffered great pain and distress in the right ovarian region, pain running down in thigh along sciatic nerve. She was brought to Cincinnati to consult a gynecologist, was curetted and told that possibly a laparotomy would be necessary. Before this could be done, her mother, without consent of the surgeon, bundled her up and removed her from the hospital. She was without medical advice for several weeks, when I was sent for. I found her only able to walk slowly and painfully about her room. When she laid in bed she kept her knees drawn up, as it lessened the pain; this pain was ever present, but at times more severe than at others; often it woke her up in the night. Appetite fine, temperature normal.

On examination found uterus greatly prolapsed, retroverted, very large, and so soft that my finger could make an indentation in it; attempts to raise it up gently produced extreme suffering. Right ovary prolapsed and enlarged, moderately sensitive; left ovary imbedded in adhesions; menses regular and normal in quantity, not painful.

I gave this woman two treatments of pelvic message, followed by glycerine tampons. On third treatment found uterus contracted and firm in consistence; I could move it without causing pain. After giving her four treatments she felt so much better that she ventured to go to church. Next day I found her not so well from waiting on the street corner for a car and sitting in a cold church.

She continued to improve so far as her symptoms were concerned. After ten treatments she was called home. Her uterus was then much smaller, still retroverted; right ovary about same size; left ovary partially freed from adhesions; pain not nearly so great and did not, as before, wake her up in the night.

Mrs. N. returned to me almost one year afterward. After she left the city she had no local treatment; had taken some homeopathic medicine from a doctor who promised to cure her of all trouble by this means if she would only take the medicine long enough. I found uterus still retroverted, prolapsed; right ovary about same size, left firmly adherent to side. As I gave her massage a mass came down to the side of the uterus as if floating from

above, irregular in outline and feeling as if composed of tissues of different density, like a bunch of grapes matted together. This appeared on separate days on different sides of the pelvis. Very much puzzled, and fearing malignant disease, I refused to give further massage, and advised laparotomy; this was refused, and she left the city. I heard from her this spring; she is still an invalid, and still refuses an operation.

I shall only take your time to give a condensed account of one other case:

Miss K., thirty-five years old, a teacher, had suffered from uterine prolapse, had been curetted almost a year before coming to me, had laid in the hospital three weeks in order for uterus to be treated by surgeon. After leaving hospital wore a retroversion pessary, which she had replaced by surgeon at intervals; was told that probably she would be compelled always to wear this pessary. She rebelled at this, and on the advice of a friend who had been treated by pelvic massage she came to me and begged me to do something for her. I had never treated a case of this kind by massage, so promised nothing.

Examination revealed the uterus much prolapsed and retroverted; as far as ascertainable there was no ovarian complication. Gave pelvic massage and Swedish movements. At first uterus responded quickly, but school worries and business matters preying on her mind seemed to have a bad effect on her muscular tone, and the uterus dropped back into its old place. Again I would get it in normal position, which it would keep for a week or two, then there would be another prolapse. I could nearly always tell by the condition in which I found her uterus if she had gone through any nervous strain.

After a time faradic electricity was added to the treatment; progress was then more rapid.

August 10, uterus was anteverted and no longer prolapsed. We both went away on our vacations. When I returned she came back for treatment. I found uterus again prolapsed, but it responded very quickly to the massage and electricity.

I gave her treatment for two months after her uterus was in normal position, in all thirty-three treatments. Since then she returns every six weeks for examination. Uterus still anteverted and no

longer prolapsed, and all symptoms are gone.

This case, I feel sure, would not have taken so long if I had not had such a peculiarly sensitive and nervous individual to deal with; her capacity for worry was abnormally great.

These I have selected as being examples of what can and what cannot be done by pelvic massage. To sum up results obtained from my cases herein reported and others whose history I have not given you, pain and soreness in pelvis has been relieved; adhesions have been freed; exudates have been absorbed; large recent subinvolution was reduced; old chronically enlarged uteri have been rendered much smaller; enlarged fibrous ovaries have diminished slightly in size; retroverted, hypertrophied uteri, complicated with enlarged appendages and lax vaginal walls, reduced in size and retroversion somewhat improved; retroverted, prolapsed uterus without complications restored when electricity was added to the massage; severe dysmenorrhea of many years' standing, when caused by adherent ovary, cured.

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A pretty teacher in a country school had a profound dread of smallpox and was most energetic in backing up the efforts of the local board of health. It came to her ears that the mother of one of her pupils was confined to bed with a mysterious disease, and at once jumped to the conclusion that it was smallpox. She put the pupil through a rigid cross-questioning but without obtaining from her any information as to the nature of the illness. She then sent the child home with positive orders to remain at home should the malady prove to be contagious.

Next morning the little girl appeared among her classmates, the teacher observing her exclaimed: "Jenny Thomson, are you here again; hasn't your mother got the smallpox?"

"If you please, ma'am," said Jenny, "ma mither says it's a boy, but it's no catchin' if you're careful."—*Texas Med. News.*

LIVING in the open air all day, and free ventilation of the sleeping room at night, will do much to promote sleep in insomnia.—*Med. Summary.*

VALVES OF THE RECTUM.

BY E. W. MITCHELL, M.D.,
CINCINNATI.

The LANCET CLINIC for May 18 contains an article under the above caption by Dr. George J. Monroe. There is an old saying that "seeing is believing." With Dr. Monroe the converse is evidently true, since, not having seen the rectal valves, he denies their existence. There is, however, such a thing as knowing how to see. I quite appreciate Dr. Monroe's statement that he looked for these structures many years without finding them. I also looked for them a long time without being quite certain that I had seen them until I had the good fortune to have a demonstration of them by Dr. Martin. When one has seen them, they are so perfectly plain that he can no longer doubt. A proper position, a proper instrument, and a good light, are essential for finding them.

Something over a year ago I had a case which seemed to me so closely to accord with cases described in Dr. Martin's writings as cured by valvotomy that I sent the patient to him for examination, and for operation if he found it indicated. This patient was a lady of sixty-nine years, who had had obstipation for many years; it had grown worse with advancing age. She frequently was obliged to resort to digital assistance to secure evacuation of the rectum. She suffered greatly from intestinal indigestion, flatulence, insomnia, and other evidences of auto-intoxication. She had been treated by excellent physicians, both at home and abroad, who treated her for "neurasthenia," "nervousness," etc.

Dr. Martin, after examining and operating, wrote me as follows, under date of October 16, 1900:

"Upon examination of the rectum I found four rectal valves, two of which were considerably hypertrophied. These two valves were also in such a state of propinquity as to be obstructive. Examination of the sigmoid flexure and colon disclosed the fact that in addition to the dilation and hyperemia there existed here also an hypertrophy. These conditions were sufficient to account for the obstructed defecation, and, by virtue of the consequent intestinal auto-intoxication, her neurasthenia. Without anesthesia I



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operated upon the two obstructing valves on August 6, and thus in about a fortnight have established a relatively normal defecation. In a person of her age it will, of course, be some time before the dilation of the colon and its impaired peristalsis will be overcome. Until that time she may occasionally, of course, in a measure, experience the various manifestations of intestinal indigestion."

This patient has continued under my observation throughout the ten months since her operation. I find that on November 5, 1900, I made the following communication:

"She has regular movements without difficulty. The abnormal distention is somewhat less. She has slept much better, and her neurasthenia has improved as much as we could reasonably expect in the short time that has elapsed, and considering the strain of her work, for she is a woman occupied by large affairs. She has an excellent appetite. The success of treatment in this case has about converted one 'Doubting Thomas'."

On May 9, 1901, Dr. Martin and I examined this patient. By means of the proctoscope the rectum was dilated by inflation so that its transverse diameter was three or three and one-half inches and its vertical was about eight inches. I had the opportunity of beholding the four rectal valves referred to in the notes quoted. These valves were readily effaceable and spanned about one-half the circumference of the rectum, measuring about one-half or three-fourths of an inch from free borders to bases. They were semilunar in form. The second and third valves showed each two deep triangular wounds, the result of the valvotomy. That portion of the valve between the incisions was susceptible under pressure to displacement, like the swinging-door at a butler's pantry.

On the same date I examined another patient with Dr. Martin, and again had a perfect demonstration of the valves. In this case—a lady, forty-six years of age—there was a history of life-long constipation, intestinal indigestion and neurasthenia. Dr. Martin has given me a copy of his notes, made at the time, of the appearances in this case. They describe the conditions seen so perfectly that I give them here:

"Inflation of the rectum occurs some-

what slowly. The lower rectal valve is posteriorly situated, is shallow, measuring from free border to attached about three-fourths of an inch, is somewhat thickened though not obstructive. It makes but a slight division between the first and second chambers. The second rectal chamber is nearly four inches in diameter. The second and right rectal valve spans two-thirds the circumference of the rectum, projects half way across the diameter, and measures, therefore, between one and three-fourths and two inches from free border to its base. It is hypertrophied, rigid and obstructive. The third rectal valve is attached to the left wall, spans more than three-fourths the circumference of the rectum, and measures about two inches from free border to base, is not so thick as the second valve but is more rigid. When released from the pressure of the end of the proctoscope it jumps across this instrument to take its place across the lumen of the rectum. It cannot be displaced under the pressure of the test-hook. By reason of the anatomic propinquity these two valves present more than double the degree of obstruction which they would offer if more widely separated. The mucosa of the rectum below the third valve is quite reddened and injected. Above the third valve there is a marked pallor. The fourth rectal valve is pale and elastic, is shallow and non-obstructive."

Both of these cases I had previously examined by the old methods without finding any obstruction or getting any view of the so-called valves, yet proctoscopy, properly made, at once revealed them.

I have within the past few days examined a case in which an hypertrophied valve, extending half-way across the lumen of the rectum, was readily found. This case presents a very similar history to the others as to the obstipation, but, being a young individual, has but few subjective symptoms.

We are greatly indebted to two of our countrymen for putting proctoscopy upon a scientific and practical basis, namely, Dr. Howard A. Kelly, of Johns Hopkins, and Dr. Thomas Charles Martin, of Cleveland.

THE premises where ice cream is manufactured in Plymouth, England, are registered and supervised by sanitary authority.

ACROMEGALIA.*

BY T. L. CORNWELL, M.D.,
ROCK HILL, S. C.

I have chosen the subject of acromegalia for this occasion because it is rare and unique. While we are liable to encounter it at any time, many professional men pass their entire lives of an active professional career without having the privilege of treating or of seeing this obscure affection. Therefore, through the kindness of Dr. Moore, I have secured the consent of this gentleman to be present, and now present him, Mr. Johnson, to you. He possesses the disease in its most characteristic form, and my object for desiring his presence is to facilitate our study, promote discussion and investigation and amplify our knowledge of this rare and hitherto obscure affection. Pathot anatomical research, up to the present time, has been very meagre, and our text-books have little or nothing pertaining to the subject.

The history of this case, elicited from himself, and detailed as graphically as his modesty would permit, is about as follows. He was born and reared in Chesterfield County, South Carolina, on a farm; attended the schools of the community with an average degree of progress (it must be remembered that the educational facilities were meagre and in a rather primitive state in the rural districts forty or fifty years ago). Mr. Johnson is now fifty-one years old. His family history reveals nothing uncommon to attract notice or cause comment. He has a son, however, that is beginning to show symptoms of the disease at the age of seventeen. The inferior maxillary bone of the young man would attract the notice of any medical man of practical observing propensities. Mr. Johnson, the subject of this paper, grew up to manhood stout and robust, but there was nothing in his physical appearance to attract the attention of his friends till he had arrived at the meridian of life. Now you will notice the ovoid appearance of the face, with the broader portion downward, which is characteristic; the ears, eye lids, lips and the tongue, you will observe, are particularly thickened and enlarged; these characteristics, to-

gether with his hands, which are more than twice their natural size regarding breadth, as also you will notice his feet are still more enlarged. He states that No. 8 shoes were worn with comfort until his thirty-fifth year; since then he has been compelled to gradually increase the size, till now he wears 12's and larger. He also has what he has supposed to be rheumatism, somnolence, headache and some defect in vision. The senses of hearing and smelling are not affected to any appreciable extent.

Acromegalia, as defined by Osler, is a "dystrophy characterized by abnormal processes of growth, chiefly of the bones of the face and extremities." The term was introduced by Marie, and signifies large extremities; it is also known as Marie's disease.

Nothing definite is known of the cause of the disease. Osler, quoting Sousa Leite, states that the disease occurs more frequently in females than in males, while other authorities claim that it affects the sexes equally. It is confined to no particular nationality, all being equally susceptible. The disease has baffled, while inviting curious research. Marie, about the year 1886, made an exhaustive comparative research, and it appears to be due to he and Erb that we are indebted for the greater part of the facts chronicled in our more recent text-books. A few others have written less extensively concerning acromegalia, but we are *yet to learn* what is to be definitely known concerning this strange affection. Up to the present time the number of cases recorded since Marie's investigation in 1886 of the first two recognized, approximates three hundred. After observing by similarities Marie was enabled to associate the symptom complex with a hypertrophy of the pituitary body. Some authorities state that acromegalia is analogous to myxedema; that the disease acromegalia bears the same relation to the hypophysis as myxedema does to the thyroid gland. Arnold, of Heidelberg, is accredited with publishing the most exhaustive anatomical study, which was clinically described by Friedreich and Erb. Altogether, there is much confusion concerning the different suppositions of the various authors.

In the diagnosis acromegalia must be carefully separated from the osteitis deformans of Paget, in which the shafts of the

* Read before the Rock Hill, S. C., Medical Society, May 6, 1901.

long bones are chiefly involved; and in the head the bones of the cranium, but not those of the face. In Paget's disease the face is triangular, with base upward; in acromegalia it is ovoid, with the large end downward; while in myxedema it is round, full and moon-shaped, according to Osler. Dr. Sternberg, Surgeon-General United States Army, has been quoted as saying that all cases of giant growths are of acromegaliac origin, but Osler admonishes us not to confound acromegalia with the so-called giant growths, the congenital or progressive hypertrophy of a single member in which the various proportions are maintained.

The age at which acromegalia is supposed to most frequently begin is about twenty-five, though sometimes as late as forty. Infants have been known to contract the disease, and a case above sixty is recorded; while one eminent author (at least) says that no age is exempt.

The pituitary body is regularly found to be diseased; changes in the secretion of the thyroids; hypertrophy or atrophy, rarely normal; changes in the sympathetic nerves and ganglia. On the other hand, the normal function of the pituitary body is absolutely unknown. That it has been found hypertrophied, absent, etc., without the symptoms of acromegalia, is likewise proven, and thus an accidental coincidence of its disease in these cases lends only to an hypothesis.

Of other ductless glands it has been proven that not one in the body but has been diseased in some of these cases, and it is probable they are only of secondary importance in accounting for the phenomena of acromegalia.

According to the theory of the importance of the pituitary body in the treatment of the disease, it has gained some adherents and advocates, and not without good reason, to substantiate the adoption of this course. Marinesco reports three cases treated by means of the administration of tablets of desiccated pituitary gland, in two of which, one of each sex, there was amelioration of the headache and distinct lessening in the size of the extremities. He thought it probable that the diseased pituitary gland had undergone diminution of size under this treatment. However, since this appears to offer the most potent means of arresting, and probably permanently effecting a cure,

it is unfortunate that the remedy is so difficult to obtain.

In consequence of the rheumatoid symptoms invariably complained of, the enlarged bones, etc., alterative treatment would naturally suggest itself, but the experience of those who have tried it have reported negative results. Caffeine and theine overcome the somnolence temporarily. Exalgine and other coal-tar derivatives give relief to the pain, and while opiates give relief, in the nature of the disease the prolonged use of opiates, in any manner, would be extremely hazardous.

Mr. Johnson suffers greatly with his rheumatoid symptoms, and is troubled with somnolence, but, so far as I can learn, he has taken very little medication. Vertigo is a frequent symptom to be combated. Mr. Johnson looks to be a man of unusual physical ability, but his wife relates that he does not possess, by a *great deal*, the strength for which he was noted at the age of early manhood.

One feature that delicacy forbade my inquiring into, inasmuch as his wife was present when I visited him, was that relative to his sexual organs.

I wish to direct your attention to the fact that not only the *bones* of face and extremities are affected, but notice the alæ nasi and other members to which your attention has already been called. When the nostril is dilated the aperture will readily admit the introduction of a large walnut or small peach; the septum is also very generally enlarged.

We shall endeavor to keep this case under observation and note any developments or changes that may prove interesting.

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SATURDAY, JUNE 29, 1901.

A SPARK, PERHAPS A FLAME.

Some few years ago the writer was moved to pen an article entitled "Threads and Strands," wherein was recounted some of the early history of Cincinnati educational institutions, in which an effort was made to indicate the resting place of the title to the so-called Cincinnati College property located on the east side of Walnut Street, between Fourth and Fifth.

Originally the unquestioned fee of the aforesaid property rested in the First Presbyterian Church, which church, being actively interested in educational affairs, made a donation of the property in question to the Lancasterian Seminary, upon the seminary agreeing to carry out certain provisions, among which was the conducting of an institution of learning designated and affirmatively underscored in the lease or deed as for *general educational purposes*.

In the mutation of time the property mentioned, in the act of a conflagration in some way or other, was taken possession of by the law school of the Cincinnati College, and was for half a century conducted in that interest alone, not a semblance of the shadow of an attempt being made by the college to conduct anything

else than a law department, thus failing utterly to carry out the wishes of the donor; not even in spirit or letter has this been done.

Now, it is well known and stands to reason that the First Presbyterian Church congregation never intended, when that lot donation was made, to found and endow a law school. The Presbyterian Church might support by gifts and patronage a Presbyterian theological seminary, or, as in this instance, a college for general learning, and be in every way consistent with the well-known usages of this denomination; but to found and endow a law school at that or any other time was just about as likely a creation as the construction of a railroad to the moon.

This subject and question is up right now in the mind of the writer because of an observance of a number of efforts and failures to lease or transfer this property to some syndicate or corporation for improvement purposes, the so-called deals going along with smooth sailing until an examination of title by learned attorneys is attempted, when the legal gentlemen find an obstruction, or, as a pat legal phrase puts it, there is a cloud over the title, and a good round sum is hypothetically deducted from the offer, to be set aside and used when necessity requires for a clearing of the deed in order to enable the purchasers to read their title clear not only to mansions in the skies, but also to a fulcrum point of support located on the east side of Walnut Street between Fourth and Fifth in the city of Cincinnati.

Getting right down to bedrock and coarse gravel, that is absolutely free from quicksand and oily clay, that property belongs to the First Presbyterian Church and to nobody else. Adverse possession has been held for so long a time, and the property is so valuable on account of the ground, that a lawsuit would be involved to obtain possession that would have to be carried to a final decision in the Su-

preme Court of the United States for settlement, but, in the mind of the writer, who is not even the son of a lawyer, there could be but one eventual outcome, and that would be in favor of the church. Attorneys for syndicates, corporations and large money interests are not usually of the shyster type, but are educated to see things in actuality, and in examining the title to the property under consideration, have evidently discovered a flaw through which a coach and four could be driven and never touch sides.

The literal tumble-down condition of the present buildings occupying the site of the Cincinnati College and Mercantile Library are not alone not creditable, but are so far gone in natural decay as to demand a modern superstructure.

The writer will suggest a plan which will be inexpensive, reasonable, and that may secure an adjustment of equitable claims of the various interests in the property, and that is the formulation of an agreement to abide by an arbitration, the church to select two, the college two and the four to select a fifth man who shall not be a resident of the State of Ohio, but of widely known legal attainments, and well acquainted with judicial findings in cases of this nature.

The time for something of this sort is apparently at hand, the college people being evidently anxious to shape the property into productive capabilities. They have had wrongful possession, which is evidenced by the fact of their inability to give a warranty deed, which is of great consequence in a transference of a property having such an intrinsic value as the piece under consideration.

In relation to this well-known property it is well to bear in mind that its absolute control was recently purchased for ten thousand dollars, perhaps five, not more, by some attorneys for the purpose of continuing its revenues for law school purposes.

A LITERARY ANNOUNCEMENT.—The *Quarterly Journal of Inebriety* will publish in the July number a symposium of the most authoritative scientific papers, recently read before medical societies in this country and Europe, on the physiological and pathological action of alcohol. These papers will contain the latest facts and conclusions, on the action of alcohol as a beverage and medicine, and be of absorbing interest to every physician and person interested in this topic. A large edition will be issued and extra copies will be mailed to any address on the receipt of 75 cents in stamps or currency. Address, T. D. Crothers, M.D., Editor, Hartford, Conn.

DR. THOMAS PHILIP WHITE.

WHEREAS it has pleased the Almighty in his inscrutable wisdom to remove from our midst our esteemed fellow member and professional brother, Dr. Thomas P. White, in the prime of life and at the time of ordinarily greatest mental and physical activity; therefore, be it

Resolved, that we deplore in his demise the loss of a congenial companion, a highly educated physician, and a cultured gentleman, whose scholarship and versatility of genius we have always admired, and whose memory we shall ever cherish.

Resolved, that these resolutions be inscribed on the minutes of the Cincinnati Academy of Medicine as a testimony of the respect in which the deceased was held by its members; and be it further

Resolved, that in transmitting to the widow a copy of these resolutions we extend to her our profoundest sympathy in her great bereavement.

W. H. WENNING.

A. G. DRURY.

J. L. CLEVELAND.

WITH sleepless babes passiflora is the soothing remedy *par excellence*. It is safe and reliable, especially in anticipated convulsions.—*Med. Summary*.

LATE union is more apt to occur in fractures of the upper third of the humerus than elsewhere: a prognostic point to bear in mind.—*Med. Times*.

Current Literature.

**

Tesla's New Sun-light.

Nicola Tesla has given to the New York *Sun* a statement concerning his new experiments in the production of light, from which we quote as follows :

"The lamps are glass tubes. I most generally use a rectangular spiral, containing about twenty to twenty-five feet of tubing, making some twelve to fourteen convolutions with a total illuminating surface of from 300 to 400 square inches. The ends of the spiral tube are covered by a metallic coating, and provided with hooks for hanging the lamp on the terminals of the source of oscillations. The tube contains gases rarefied to a certain degree determined in the course of long experimentation conducive to the best results.

"The process of light production is, according to my views, as follows : The street current is passed through a machine which is an electrical oscillator of peculiar construction, and transforms the supply current, be it direct or alternating, into electrical oscillations of a very high frequency. These oscillations, coming to the metallically-coated ends of the glass tube, produce in the interior corresponding electrical oscillations, which set the molecules and atoms of the inclosed rarefied gases into violent commotion, causing them to vibrate at enormous rates and to emit those radiations which we know as to light. The gases are not rendered incandescent, or hot, like an incandescent filament.

"High economy results from three causes : First from the high rate of the electrical oscillations; second, from the fact that the entire light giving body, being a highly attenuated gas, is exposed and can throw out its radiations unimpeded; and third, because of the smallness of the particles composing the light-giving body, in consequence of which they can be quickly thrown into a high rate of vibration, so that comparatively little energy is lost in the lower or heat vibrations. The lamps need not be renewed like the ordinary ones, as there is nothing in them to consume. The illuminating power of each of these lamps is,

measured by the photometric method, about fifty-candle power, but I can make them of any power desired, up to that of several arc lights. Given a certain quantity of electrical energy from the mains I can produce more light than can be produced by the ordinary methods. In introducing this system of lighting my transformer, or oscillator, will be usually located at some convenient place in the basement, and from there the transformed currents will be led as usual through the building.

"It is a remarkable feature of the light that during the day it can scarcely be seen, whereas at night the whole room is brilliantly illuminated. When the eye becomes used to the light of these tubes an ordinary incandescent lamp or gas-burner produces pain in the eye when it is turned on, showing, in a striking manner, to what a degree these concentrated sources of light which we now use are detrimental to the eye.

"I have found that in almost all its actions the light produces the same effects as sunlight, and this makes me hopeful that its introduction into dwellings will have the effect of improving, in a measure now impossible to estimate, the hygienic condition. The light produces a soothing action on the nerves, and also improves vision, exactly as the sunlight, and it ozonizes slightly the atmosphere. These effects can be regulated at will."

Tesla further declares that he can and does operate this apparatus without any wire, so that the lamps can be carried about freely, like candles, the energy being conveyed through space. But a number of improvements must be made yet before it can be generally introduced.—*Indian Lancet*.

Dilatation of the Stomach.

Drs. Musser & Steele's (*American Journal Med. Sciences*) conclusions are as follows :

i. The symptoms upon which most reliance can be placed in determining the presence of gastric motor insufficiency are : (a) The presence of fluid and food in the stomach fasting over night; (b) the ready entrance of fluid through the tube and difficulty in the return flow; (c) the absence of visible gastric peristalsis; (d) evidences of fermentation and intox-

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cation by the products; (*e*) thirst, and (*f*) scanty and concentrated urine.

2. In determining the position and size of the stomach by far the most certain method has been inflation by air through the stomach tube; auscultatory percussion, Dehio's method, and determining the capacity of the stomach by the amount of water required to produce a sense of fullness while signs of value may lead to error.

3. It may be inferred from the somewhat small number of cases reported by the authors that the condition is not uncommon in students. An analysis of the etiological factors is as follows: (*a*) myasthenia caused by chronic gastritis from abuse of alcohol and tobacco, four cases; (*b*) myasthenia from deficient innervation, two cases; (*c*) myasthenia, probably of congenital origin, one case; (*d*) myasthenia occurring in the course of acute disease one case.—*The Post Graduate.*

Ammonium Chloride by Inhalation.

Dr. M. M. Mew writes from the laboratory of the Army Medical Museum, Washington, D. C., to the *Therapeutic Gazette*, as follows:

"Some twenty-five years ago, during some laboratory work, it became necessary to add ammonia in excess to several beakers containing a certain solution in hydrochloric acid, and, as often happens in badly ventilated rooms, the laboratory was soon filled with the nascent salt in question. It occurred to me that that would be a much better way of exhibiting it therapeutically than the inhalers in common use, and not long after I suggested to a medical friend, who had a bad case of chronic bronchitis on his hands at the time, to make use of this nascent salt by filling the patient's room with it and requiring him to live in it, and thus inhale it morning, noon, and night, until relieved. It was managed in this way: In a soup plate was poured, by guess, three or four ounces of strong sulphuric acid, and into a saucer (used to distinguish it from the acid-container) was poured about two ounces of the strong ammonia, and immediately there was sprinkled upon the acid about a tablespoonful of common salt. In less than a minute the room was full of a dense cloud of the nascent salt, which was kept up for days by needed renewals of the charge.

The patient made a rapid and permanent cure." Since this beginning, the process has been in use here by a number of physicians, and the results have been surprising. During the twenty-five years that have elapsed since this first success, the writer has received hundreds of letters, asking for written instructions, or thanking him for this mode of utilizing a very valuable drug. Results beyond expectation have been reached by its use in other directions. One well known doctor always uses it in asthma, with great benefit in the majority of cases. Another has used nothing else in whooping-cough for more than twenty years, and invariably with success. An apparently desperate case of phthisis, with an almost unbearable stench from a cavity in the lungs, was cured in a few weeks, and to-day the patient's photograph shows him to be "a second Sandow," now a professional baseball player.

"When we consider that the nascent ammonium chloride is in a state of almost infinite division, it must be clear that the amount of the salt inhaled from an inhaler, as generally used, could only be successfully weighed upon a delicate balance, and it is not at all surprising that the inhaler is seldom heard of now. But where the inspirations are carried on for hours, days, and, in bad cases, for weeks at a time, the case is different and success certain—in chronic bronchitis and in colds, after the acute stage has passed."—*Med. Times.*

The Effects of Dum-Dum Bullets.

A striking instance of the very severe effects of dum-dum bullets when fired at only a short distance was afforded by the suicide recently of a private in the Scots Guards. The newspaper reports are not very full, but sufficient can be gathered, says the *Lancet*, to show the extraordinary results produced. The man placed the muzzle of the rifle in his mouth and pressed the trigger with his foot. Some of the effects must doubtlessly be attributed to the action of the gases liberated from the cordite, for they were set free in large volumes, and had to escape either by the mouth or through the channel formed by the projectile. The bullet was a soft-nosed or dum-dum, and it passed through the hard palate, the base and vault of the skull, then through a cloth cap, and struck

the ceiling. It had spread out or "mushroomed" and had lost its nickel sheath. The man's head was enormously swollen, many of the bones being broken and nearly all of the sutures opened. This was due to what has been called the "explosive" action of these high-velocity bullets; the contents of the skull acting as a liquid, the effect of the increased pressure due to the entry of the bullet is transmitted equally in every direction. The only wound in the skin was a vertical one at the back of the head more than nine inches long, with sharply-cut edges. Most of the brain substance and many pieces of the skull bones were driven through this wound and scattered about the room. The injuries were remarkably severe, much more so than those resulting from the firing of a Martini-Henry rifle in a similar position, for in the case of similar suicides with that rifle the bones were merely perforated.—*Indian Lancet*.

House Cleaning.

Every good housewife, once a year, generally in May, goes through her house from cellar to attic, with duster and brush, and paint and varnish, removing rubbish, cleaning out dark corners where the dust has lodged, overhauling the bed-rooms, shaking the carpets, polishing the floors, and touching up the walls and furniture, so that the whole house is clean and fresh as if it just came from the hands of the builder.

Would it not be a good idea to have a mental house-cleaning at least once a year, in which the phonograph, reproducing every modulation of the voice and every shade of the mind to see the uselessness of many a thought, the incompleteness and false logic of many an idea, the injustice and even groundlessness of many a bitter thought and antagonism of action, and the false foundation of many a trust and confidence, and recast the whole on the basis of justice, truth, and enlightened reason? Clean out the cobwebs from the brain. Infuse new life into the brain cells. Think over, in the clear light of judgment, divested of passion, the old premises and the old line of reasoning, and see if the conclusions do not differ. See if many of the conclusions were not reached from the hasty influence of passion, from a misunderstanding of terms, and from other

causes illogical and not worthy of the lasting conviction of unprejudiced reason, and, if positive and intentional wrong has been committed, may not that wrong be righted, or, at least, atoned for, by apology and a renewal of old friendship? No sense of humiliation should ever prevent the confession of a fault, or an earnest attempt to repair an error and come to a right understanding.

A large portion of the trouble in this world arises from a misconception of motives and a misunderstanding of terms. Eliminate these elements and more than half the troubles of life would vanish like mist before the rising sun. What is heterodox to-day may be orthodox to-morrow, simply from the reception of new light through the broad fields of thoughtful investigation, and a breaking down of the walls of prejudice by a better understanding of motives and terms. A harmonious spiritual philosophy is vibrating through the world, bringing us more and more in touch with the underlying principles of harmony, which form the basis of creation. To our brethren in the profession let us urge the wisdom of that mental house-cleaning, which will bring into active force the wiser and better elements of our nature.—*Med. Times*.

Properties of Radium—A Brilliant Light.

At a meeting of the Astronomical Society, held in Paris, M. Becquerel gave a description of the extraordinary properties of the new element radium. This body, when brought into the light, shines with a brilliancy surpassing that of the electric arc. So bright, indeed, was the light given by the piece shown, that it was clearly seen through the speaker's coat. But the most extraordinary quality is that no waste can be determined, and to explain the mystery recourse has to be had to the old emission theory of light, which, long ago, was thought to have been exploded. Radium thus appears to overthrow many scientific theories, for its luminous radiations appear to be produced in the same way as the emanations of musk. Radium, however, is not likely to be put on the market, as it costs in its production £2,000 per gramme, that is, 15½ grains. The experiment was conducted with a piece weighing one grain and a half.—*Indian Lancet*.

Translations.

GREEK MEDICINE.

From *Æsclepiades* to the Time of
Galen.

BY DR. CONSTANTIN TSINTSIRAPOULOS.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

CHAPTER I.

Dogmatism, Hippocrates, Diocles of Ca-
rystus, Praxagoras, School of Alexan-
dria (Herophilus and Erasistratus
Empirics).

(Continued.)

THE SCHOOL OF ALEXANDRIA.

The School of Alexandria, so celebrated by its discoveries in anatomy, exerted, on ancient medicine, a very considerable influence, the importance of which is seen in going back over the names of Cœlius Aurelianu, Areteus, but especially Galen and the scoliasts of the sixth century. Laboulbene, like Daremberg, does not believe that the Alexandrians used much of the medical knowledge possessed by the Egyptians of the Pharaonic period. Our friend Tornery, in the thesis of Peillon that he inspired and directed, meantime insists that the physicians of ancient Egypt had only very rudimentary notions on medicine. They were ignorant of anatomy, although they succeeded admirably in embalming their dead; they had a poor acquaintance with the symptoms of the principal regions they inhabited; they only had a fantastic therapeutics, encumbered by medicines derived from alchemy or the study of simples, that they often used wrongfully and accompanied by magical incantations. Briefly, our friend believes their curers, all priests, too, and attached to the service of certain temples, greatly resembled those gri-gri, or sorcerers, of negro tribes, who possessed some knowledge of medicine and common surgery, but depended chiefly on their witchcraft. He shows us, towards the latter end of the Pharaonic period and under Persian domination, a new medicine based upon astrology and probably due to Chaldean influences. It was as superstitious and ignorant as the first.

The reading of different papyrus, recently translated into German, demonstrates that the ideas of Erasistratus and Herophilus were derived exclusively from Greece; in fact, the Hellenes were, moreover, barbarous savants like the Egyptians and Assyrians; they enjoyed, however, a true though incomplete civilization, and their science, essentially laical, is completely disengaged from the intrusion of religious dogmas and of that hieratical covering that for so long a time choked up the peoples of the Orient. Remarkable thing, Cnidus and Cos had both their representatives at Alexandria, since Praxagoras, one of the last *Æsclepiades*, was the master of Herophilus, and Erasistratus was the disciple of Chrysippus. Let us now analyze the notions of these two grand men.

ERASISTRATUS.

As we have said, Erasistratus, the rival of Herophilus, and, like him, one of the founders of the School of Alexandria, was more closely attached to the Cnidian school by his master Chrysippus than to the school of Cos, of which Herophilus, despite some changes in doctrines, remained the representative, while the notions of Erasistratus resembled those of Methodism. The doctrines of Erasistratus are also as difficult to know as those of his rival, and for the same cause.

Of the numerous works he composed, none have come down to us, and we are reduced to the imperfect fragments that have been preserved in the writings of other authors. Galen informs us of "*de Vena sectione adversus Erasistratem*," that this physician scarcely shows himself to be a partisan of bleeding; for it appears that in all his writings that he only mentions it once *apropos* to the vomiting of blood, and even then says it is useless. Meantime, the disciples of Erasistratus, who lived in the days of Galen, insisted that their master had not absolutely prescribed this remedy, but that he used it sometimes, although, in truth, more rarely than other physicians. On the other hand, Cœlius Aurelianu claims that Erasistratus bled in cases of losses of blood, and that some of his followers, later on, absolutely rejected bleeding.

Erasistratus was no more the partisan of purgation. He frequently resorted to injections and emetics like his preceptor,

Chrysippus, but with much prudence and discretion. As for injections, for instance, he desired them mild, rejecting those that were irritating and acrid.

To his mind purgation had the same effect as bleeding—that is to say, it diminishes plenitude—but he pretended that humors might be evacuated otherwise than by purgatives and bleeding, and that the latter is capable of corrupting them.

His disciples rejected the theory of attraction that is found in the Hippocratic collection; the tenuous and thinner humors come out first, the coarser the last, and this only follows the action of the more violent medicines.

Instead of purgation and bleeding, Erasistratus, like the Methodists of a later day, resorted especially to fasting and abstinence, and when this did not suffice to remedy plethora he recommended exercise; plenitude induced, in fact, transfusion of blood in the arteries by fever and inflammation. Here is how Galen reports the theory of Erasistratus on exercise: "Those accustomed to exercise should take a little more of it when they feel a fulness and thus avoid a disease; after exercising sufficiently they should go into a hot bath and take a sweat; afterwards, if they find themselves warm, they may take cold baths for several days, after which they should take repose and a severe course of abstinence. If they will take nourishment let them take food that is not very substantial—for instance, vegetables; those not used to exercise shou'd not resort to it, although it is an excellent method of diminishing plenitude," etc.

"Plethora," says Erasistratus, "is not treated in the same way; if it betrays itself by epilepsy or spitting of blood the treatment must even be opposite; the epileptic must be stirred up often; the phthisical subject, to the contrary, should carefully avoid fatigue and work. Patients suffering from fulness should live on pumpkins, melons, cucumbers, vegetables, principally on chicory, that is greatly esteemed." A great partisan of simple remedies, he raised his voice strongly against the medicines of a complicated sort to which the physicians of his time gave the name of regal hands, and the antidotes of the gods; he would not tolerate any admixture of minerals, plants and animal substances, whether gathered from the sea or harvested from the land. He

was scarcely a partisan of abstract reasoning. "Erasistratus and Herophilus," says Galen, "were only half dogmatic doctors; they wished to treat by reasoning only diseases of organic parts; meantime they did not give themselves up to the ideas held later on by the empirics, that denied the importance of causes." Dioscorides informs us that he composed a book on this subject, and in order to better show the importance of etiological investigations he cited poisonings from the bites of venomous animals. If we cannot always recognize the specific cause, it is necessary at least to go back to the apparent cause, that will often furnish very certain indications.

DISCIPLES OF ERASISTRATUS.

Erasistratus had followers for a long period. Galen mentions a large number whose fame was no equal; for example, Straton of Lampsacus, Xenophon of Cos, Ptolemy, Chrysippus (not the one of Cnidus), Charidemus, Hermogenes, Artemidorus, Athenion, Apollonius of Memphis. Strabo, who lived under the three Cæsars, tells us that Illesius of Smyrna, a celebrated physician of his time, founded a medical school at Smyrna, where the doctrines of Erasistratus were taught. His treatise on dietetics was highly esteemed. Celsus also mentions, as a famous surgeon, Philoxemes, who was a partisan of the doctrines of Erasistratus. Galen names the disciples of his own epoch, who were strongly attached to the ideas of their master. They had, it appears, exaggerated his notions, notably on bleeding and a contempt for the investigation of causes. Extraordinary thing, and very different from their master, they had a contempt like the empiricists for the results derived from anatomy; meantime, one of them, Martial, a contemporary of Galen, cultivated this science with much success.

HEROPHILUS.

Herophilus appears to have practiced medicine with as much success as anatomy; he defined this science with a perfect knowledge of its relations to health, of what constitutes disease and finally of neutral matters that have no connection with health or disease. Among neutral matters, he ranges the precautions to be taken to preserve health and cure the affection. Celsus remarks that he was a

partisan of medicines and relied on them much more than the dogmatic physicians who preceded him. He likewise studied the pulse more attentively than had been done up to his time, and fell into exaggerations that have been shown by Pliny. "It is necessary," says that author, "to be, according to Herophilus, a musician or geometrician to fully understand the pulse, to catch its cadence and measure according to age and disease." His dreams reappeared later with Bordeu; but Pliny adds that this great subtlety was not to the taste of all the world, and that the empirics, notably, were very much opposed. He wrote, according to Galen, against the prognostics of Hippocrates, which, meanwhile, was very remarkable. Cælius Aurelianuſ also informs us that he wrote nothing on the cure of very common diseases, such as quinsy and pleurisy, although he said it was the lung that was sick in this affection, and that peripneumonia only differs from pleurisy because in that affection all the lung suffers at the same time. He mentions paralysis of the heart after his preceptor Praxagoras, and attributes a large number of sudden deaths to that malady. He held white hellebore in high esteem, comparing it to a brave captain who first enters a city (Pliny, book xxv), after having animated his soldiers with the same zeal as himself.

SUCCESSORS OF HEROPHILUS.

Daremburg gives us to understand that the Erasistrateens carried away Alexandria from the Herophileens. This assertion seems hazardous to us, and perhaps this learned author only made it when reflecting on the evident analogies that existed between the doctrines of the partisans of Erasistratus and those of the empirics and methodists. But one idea that may later have a considerable development, may pass unperceived and be disdained at the moment it is enunciated for the first time.

It appears to us, to the contrary, that there is nothing more forcible bearing on this matter than the chronological table arranged by Daremburg (page 160, volume 1, of his "Histoire des Sciences Médicales"), showing that the disciples of Herophilus were much more numerous and made more noise than those of Erasistratus. Reading of Galen only serves to confirm our opinion. The Herophileens,

contrary to their master, took up but little time with anatomy (Haeser), yet we find among them Eudeme, who almost equalled his master in this science; Callimachus, a follower of Herophilus, who was among the first to write a commentary on Hippocrates; Kallianax, celebrated for his knowledge and also his brutality to patients; Bacchius of Tanagra, who, like Callimachus, commented on Hippocrates (he admitted four kinds of hemorrhages, by rupture, anastomosis, putrefaction and by transudation), and composed a treatise on the pulse; Kteras Mantias wrote an excellent work on *materia medica*, that Galen declared to be the best of those that preceded the treatise of Dioscorides; Chysermus, Kydias, Demetrius of Apamea, whose treatise on therapeutics is cited by the ancients with many eulogies.

Zeno composed a voluminous work on the "Book of Epidemics" of Hippocrates. As for Andreas of Carystus, Dioscorides makes a great ado over his pharmacology. His treatise had for its title "Narthez" (Haeser). When Ptolemy Phyrcon drove many physicians and learned men from Alexandria because he thought they were conspiring with his brother, he founded, under the direction of Zeno, at Laodicea, in Syria, a school of Herophileens, to which belonged it seems, Philaleutes and Kleopantus, master of Esclepiades, who praised the effects of wine so much.

Finally Cælius Aurelianuſ often cites, with eulogies, a certain Apollophanes, who was physician to Antiochus the Great. Galen mentions one Heraclides whom he regarded as an excellent physician and who lived in the first century after Jesus Christ. One of his contemporaries Apollonius Mys who belonged to the same sect but who must not be confounded with Apollonius of Kytium, an empiric, composed three books called "peri aireseos." Demosthenes Philalethes was celebrated for his knowledge as an oculist, and his renown continued even as late as the Middle Ages; the same author composed a work upon the pulse (see Galen, "Different pulses, iv, 4, K. viii, 729). Soranus also quotes this name on the subject of diseases of children. Was it the same? Finally, almost near Soranus, lived those Herophileens, Aristoxenes, and Gajus, often noted by Cælius Aurelianuſ, and who Galen informs us, had been in Naples.

THE SECT OF EMPIRICS.

Up to this point we have had occasion to only speak of a more or less mitigated dogmatism, more or less modified, too; that is to say, that the physicians we have mentioned were all, to a certain extent, attached to Hippocrates. It was not so with the empirics. "Physicians of Cos and Cnidus," remarks Daremberg (page 179, volume 1, "Sciences Médicales"), "did not differ on the first principles of the curative art. The method of reasoning, applied to real or supposed facts, was the same everywhere. It was at Alexandria, and the first days of its arrival, that medicine mutinied and separated into two great factions, the dogmatists and empirics; those who reasoned and took for a basis a multitude of systems, and those who rejected any kind of reasoning."

Haeser believes that the sect of empirics went down to the time of the Herophileens and Erasistrateens. The disciples of this school regarded Acron as their founder. We know that the latter lived in the days of Hippocrates. Meantime, we also know that it was a disciple of Herophilus, Philinus, who wrote six books against the celebrated Bacchius, who must be considered as the first empiric physician. Cœlius Aurelianus mentions a work (see "De morb" acut 6) of Serapion, his disciple, that is much better known than that of his master. In order to judge the empirics we have scarcely anything but Celsius, Galen and Cœlius Aurelianus, but, unfortunately for the disciples of Philinus and of Serapion, Galen, who gives most complete information on this subject, is especially an accuser (see "Sects that choose the best things," etc.).

The foundation of the empirical doctrine was that there is no reasoning in medicine, and that should only be attached to the teachings of experience; now the latter, they claimed, was of three kinds:

1. It might be produced by chance; for example, a man having great pain in the head falls, skins his forehead and bleeds freely, then finds himself cured.

2. Experience made with design or experimentation; for instance, a man attacked by fever drinks as much water as he can take and obtains relief.

3. Experience may be initiative, and we may reproduce what chance or pre-conceived design has already discovered.

It was to this last that they gave the name of observation or autopsy, that might be the basis of medical art.

In the case where information furnished by experience failed, and it was, meantime, necessary to act, it was permitted to generalize by induction upon something similar. It was, following their own expression, to establish "the substitution of a similar thing." They tried, for example, in herpes remedies for erysipelas, in diseases of the arm agents that had succeeded in diseases of the leg.

Says Daremberg: "The honor of empirics for reasoning was such that they pretended to observe treatment at the same time as the disease. To observe a pleurisy was to observe bleeding, they must cure it at the same time, so that instead of using the word indication they imagined that of observation and phenomena. But how did they observe the pleurisy? Simply by the reckoning up the characteristic symptoms; this was what they called the collective symptoms. The empirics carefully interdicted all etiological investigations. Consequently, anatomy appeared superfluous to them, and some of the empirics wrote works to show its uselessness. However, they investigated with much care, for instance, the secondary causes—that is to say, the conditions from the midst of which the disease was developed.

Celsus cites us a number of their maxims such as: "*Ne agricolam quidem aut gubernatorem disputatione sed usu fieri, non interesse quid morbum faciat sed quis tollat, morbos non eloquentia sed remediis sanari.*"

Daremberg is very severe on the empirical sect. Haeser is much more just, and recognizes the fact that they rendered considerable service to the practice of medicine. Thus they observed that diseases are composed of a series of symptoms, "collective symptoms," that which distinguishes simple distresses, such as heat, swelling, pain, cough, etc. Still, as we see, they were very careful in viewing what appeared to them as the most important, and, making a choice, that which Galen denied them in the name of logic!"

For the remainder, they did not change the names of diseases, and preserved the appellations of the dogmatists; they supported themselves especially on well-made observations, and for that reason placed a

principal reliance on those published by renowned writers; for example, they held strongly to the clinical observations that they found in the Hippocratic collection.

On the other hand, things observed by many physicians appeared better than that reported by a single observer; they did not care to know what physicians they consulted, which is proof of their perfect impartiality. Zeuxis, but especially Heraclides of Tarentum, were among the most celebrated empirics; the latter wrote a greatly-admired treatise on pharmacology. Celsus and Cœlius Aurelianus have preserved some of his notable precepts upon his manner of giving opium. Cœlius Aurelianus has likewise indicated the treatment he gave to patients suffering from phrenitis, cynanche, and ileus. Celsus quotes his treatment of ankyloblepharon, that shows he was a skilled oculist. Finally, all learned writers agree in regarding him as a grand surgeon. Cœlius Aurelianus informs us, besides, that he composed a commentary on Hippocrates in four books, in which are explained a large number of obscure medical terms. This writer also mentions another work written by Heraclides, "De Internis Passionibus." We know that this author, in addition, indited a treatise against the work of Herophilus upon the pulse (see Kuhn's "De Heraclides Tarentino," page iii, Lips. 1823; and in "Jahrbuck zur philologie und pedagogi," K. 4, xxxiiii, 710). Let us cite, too, Apollonios, the empiric, a contemporary of Zeno, who composed a treatise on intestinal worms; Zopyrus, a contemporary of King Mithridates, whose pupil, Possidonius, wrote a commentary on the books of "Articulations," of Hippocrates, a treatise on epilepsy, and, finally, a large work in nineteen volumes against Herophilus (Hæsar). This is, perhaps, the same work Rufus mentions in his practice on the plague. One Ælius Parmatus wrote a book on pharmacology, of which some fragments remain. In the first century of our era the most celebrated empirics were Heras of Cappadocia; Menodotus of Nicomedia, against whom Galen wrote several books that are lost; and Theodas of Laodicea. Hæser thinks that we must number among the empirics Macrinus and his disciple Quintus, the celebrated anatonomist, and Satyrus Pelops of Smyrna, who was also distinguished in this science.

Finally, Sextus Empiricus, who lived in the sixth century, also belonged to this sect.

(To be continued.)

Doctors and Drink.

The Anti-Alcohol Congress opened the other day with a large attendance. The President, Dr. Von Koerber, said that Austria paid twice as much for drink as it did for its army, and 50 per cent. of their lunatics in their asylums and 60 per cent. of their criminals owed their downfall to alcoholic drinks. He was sorry to say that 50 per cent. of the Austrian children were in the habit of taking strong drink. Dr. Meinert, of Dresden, said that the mortality among doctors was greater than that of any other profession. People thought this was because of their work, but it was not; it was because the medical profession was given to strong drink and the use of morphine.

To shouts of dissent he replied that he was a physician himself, and had studied the matter for thirty years. As a ladies' specialist, fighting against tight lacing, he was of opinion that drink was even a worse enemy to women.

Professor Forell said that the Boers of South Africa were better able to endure the hardships of the war because of their almost total abstience.

It was generally remarked that all the Governments were officially represented with the exception of England. Among those who were present were Miss Bonner, Miss Grey, and Mr. Joseph Malins, representing the Good Templars; Mr. Anderson, of the National Temperance League, and Mr. Charles Wakely, of the Band of Hope.—*Indian Lancet.*

Lactic Acid as a Remedy for Baldness.

Balzer practices friction of the bald part daily with a 30 per cent. solution of lactic acid until the skin becomes inflamed. Then the treatment is suspended for a few days, and resumed when the inflammation has subsided. He reports that he has often observed a new growth of hair in the course of three or four weeks.—*Medical Times.*

RUBBER goods hardened by age may be softened and nicely restored by soaking in dilute ammonia water.—*Med. Summary.*

Book Reviews.

Uterine Fibromyomata: Their Pathology, Diagnosis and Treatment. By E. STANMORE BISHOP, F.R.C.S. Eng., President Manchester Clinical Society; Fellow of the British Gynecological Society: Honorary Surgeon Ancoats Hospital, Manchester, etc. Pages 325. Price, \$3.50, cloth. P. Blakiston's Son & Co., Philadelphia.

This book presents a digest of the literature of fibromyomata from medical journals of all kinds and in all countries, thus making it easy for any one to obtain a comprehensive view of the subject. It is particularly pleasing to an American to note the number of illustrations taken from American works and the great number of references to American writers on this subject. The illustrations are good and the literary style pleasing.

The introduction gives a short description, classification and course of events. Then comes a chapter devoted principally to the anatomy of the vascular supply and those organs which are chiefly affected by fibroma. Next, symptomatology, diagnosis and development are respectively considered. The various theories in regard to development are given.

The chapter on medical treatment condemns drugs when used with a view to radical cure, but they are approved when used temporarily, until an operation is practicable. Electrical treatment is dealt with, and the writer gives it a median position between that of medicine and that of surgical means.

A general survey of surgical measures takes one chapter, then follows a chapter on preparatory treatment for operation. In the chapter on technique of various surgical methods is presented quite a number of operations. While most of the operations for fibroma are given, no one of them is given in as full detail as is usually done in works on gynecology.

The chapter on final results is of interest. We like to know of the condition in which the person operated on may be expected to pass the remainder of her life. This is of very great importance to those whose duty it is to advise patients suffering from these tumors as to their future course.

J. A. J.

A Text-Book of the Practice of Medicine: By DR. HERMAN EICHHORST, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the University of Zurich. Translated and edited by AUGUSTUS A. ESHNER, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Two octavo volumes of over 600 pages each; over 150 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Price per set: Cloth, \$6.00 net.

There is but one fault to be found with this excellent text-book—it is too short, particularly in the discussion of such diseases as typhoid fever, malaria, and meningitis; space has been given to other topics of less import to the student that might have been better devoted to the above-named affections. It is in physical diagnosis of the heart, lungs and abdomen, subjects of such paramount importance to the clinician, that the book will reap its greatest laurels. In other respects it can hardly be classed with one or two of the popular American text-books, not on account of any mistakes in the text, but wholly on the score of brevity. More attention has been given to treatment than has been the rule in the modern text-book, and in the discussion of nearly all diseases prescriptions have been added. We are glad to note the conservatism in the remedies advocated. In a work on practice the advantage of articles on diseases of the skin, venereal diseases, impotence and sterility in the male, and spermatorrhea, may be questioned. The mechanical part of the book is, as is usual with this firm, perfect, and the illustrations that have been allowed the author testify to his wide and varied clinical experience.

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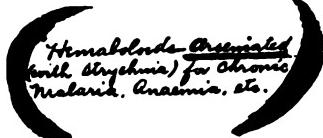
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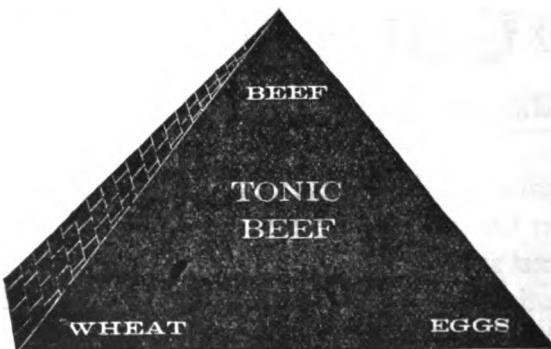
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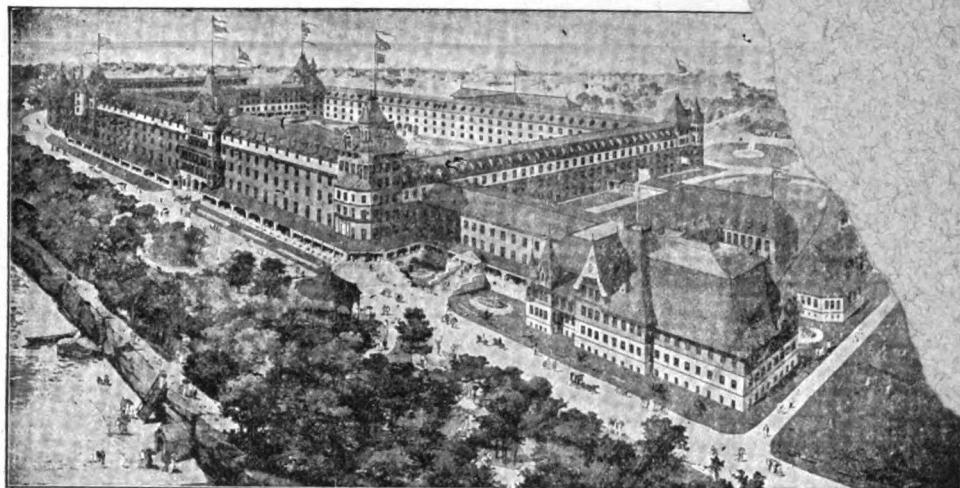
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